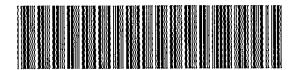
P05000162188

(Requestor's Name)
•
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Operial instituctions to I tilling Officer.
· · · · · · · · · · · · · · · · · · ·

Office Use Only



000062067000

12/12/05--01010--010 **78.75

OS DEC 12 PM 3: 35

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: H	ometour Cap PROPOSED CORPORA	ital Title.	Services:	
·	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
		⊸tz¥		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
	Mana ar	□ 1 0 7 0 7 7		
\$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50	
rinig rec	& Certificate of Status	& Certified Copy	Filing Fee, Certified Copy	
	to Coramonic or Sinus	ac certained copy	& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
		<u> </u>		
	_			
	Paris 6	21100		
FROM:	Rocio Qu	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·	
3191 Coral Way, Suite 109				
Address				
	M: · -			
Miani Fl 33145 City, State & Zip				
•				
(305) 648-3004				
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

Hometown Capital Title Services, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
3191 Coral Way, Suite 109	
Miami, FL 33145	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	-
To do real estate closings	S × × × × × × × × × × × × × × × × × × ×
, , , , , , , , , , , , , , , , , , , ,	SECRE IVISION
ARTICLE IV SHARES	
The number of shares of stock is:	827E
100	3 8650
100	CO OF STATE RPORATION PM 3: 35
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	STATE ORATION 3: 35
List name(s), address(es) and specific title(s):	ठ
Rocio Coral Guiller, President	
Miguel Angel Rviz, Vice-President	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Decia Covillan	
3191 Coal Was Svite 109	
Rocio Guillen 3191 Coral Way, Svite 109 Hiami, FL 33145	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	•
Oppio Covillan	
3191 Coral Way, Suite 109	
Minni Fl. 32145	
Miani, FL 33145	******
Having been named as registered agent to accept service of process for the above stated corporation at the pla	ce designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	,
c NA	/00
Section Delication of Accept	US
Signature Registered Agent Date	/
12/9,	105
Signature/Incorporator / Date	

ARTICLES OF INCORPORATION
• In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: