

POL 000103156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

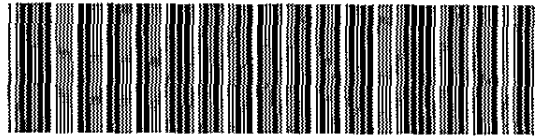
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE REGISTRATION

J. Shivers AUG 08 2006

COVER LETTER

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

SUBJECT: Home Solution Provider and Management Company Inc. H.S.P.M.C.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Vincen Carter  
Name (Printed or typed)

2300 Phillips Hwy.  
Address

Jacksonville FL 32207  
City, State & Zip

321-202-4420  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

# 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:

Home Solution Providers and Management Company INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

222 W. Forsyth Street  
Jacksonville, FL 32202

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

is to provide problem solving for Home owners  
and contractors

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

VINCENT CARTER  
2300 Phillips Hwy.  
Jacksonville, FL 32202

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

VINCENT CARTER  
2300 Phillips Hwy  
Jacksonville FL 32202

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VINCENT CARTER  
2300 Phillips Hwy  
Jacksonville FL 32202

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Vincent Carter

Signature/Registered Agent

Vincent Carter

Signature/Incorporator

8-8-06

Date

8-8-06

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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