

PO6000138592

(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:

Office Use Only



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RECEIVED

06 NOV -1 PM 12:15

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06 NOV -1 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 02 2006

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- NEW HOME INSTALLATIONS, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

### NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

Examiner's Initials

## COVER LETTER

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

SUBJECT: NEW HOME INSTALLATIONS, INC.  
(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: T. Geoffrey Heekin, Esq.  
Name (Printed or typed)

Post Office Box 477  
Address

Jacksonville, FL 32201  
City, State & Zip

904-355-7000  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

New Home Installations, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3589 San Pareil Street  
Jacksonville, FL 32224

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of transacting any and all lawful business.

## **ARTICLE IV SHARES**

The number of shares of stock is:

This Corporation is authorized to issue 1,000 shares of Common Stock, all of which shall have a par value of \$1.00 per share.

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Adam P. Huffman - President, Treasurer, Secretary  
3589 San Pareil Street, Jacksonville, FL 32224

Tequila L. Huffman - Vice-President  
3589 San Pareil Street, Jacksonville, FL 32224

## **ARTICLE VI REGISTERED AGENT**

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

T. Geoffrey Heekin, Esq.  
Heekin, Malin & Wenzel, P.A.  
One Independent Drive, Suite 2200  
Jacksonville, FL 32202

## **ARTICLE VII INCORPORATOR**

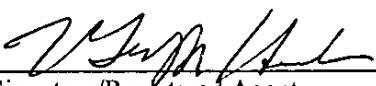
The name and address of the Incorporator is:

T. Geoffrey Heekin, Esq.  
Heekin, Malin & Wenzel, P.A.  
One Independent Drive, Suite 2200, Jacksonville, FL 32202

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\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

10-31-06

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-31-06

\_\_\_\_\_  
Date