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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

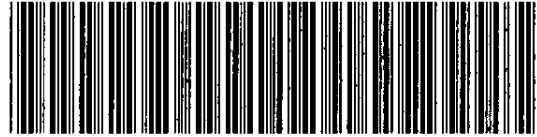
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*[Handwritten Signature]*



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08 AUG -8 PM 12:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** HOME RESOLUTION PROGRAMS CORP  
(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:** Deborah Pinero

Name (Printed or typed)

234 E 49 street

Address

Hialeah, Fl. 33013

City, State & Zip

305-398-4663

Daytime Telephone number

**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 Resolution Programs Corp.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

234 E 49 street  
Hialeah, Fl. 33013

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Services

### ARTICLE IV SHARES

The number of shares of stock is:

10

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Deborah Pinero P.A., President

### ARTICLE VI REGISTERED AGENT

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

Deborah Pinero P.A. President  
234 E 49 street  
Hialeah, Fl. 33013

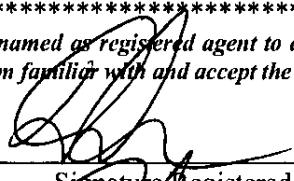
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

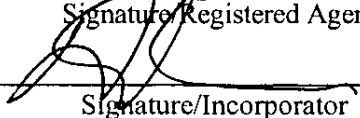
Home Resolution Programs Corp  
234 E 49 Street  
Hialeah, Fl. 33013

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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



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

7/31/08  
\_\_\_\_\_  
Date

7/31/08  
\_\_\_\_\_  
Date

FILED  
08 AUG - 8 PM 12:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA