

POS000096747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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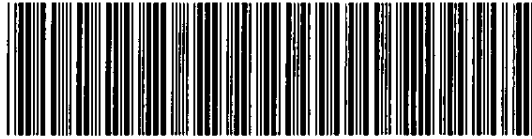
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** CENTRAL FLORIDA HOUSING, 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: PAM HOVELAND

Name (Printed or typed)

3027 SW 41 PLACE

Address

OCALA, FLA. 34474

City, State & Zip

352-427-2394

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:

CENTRAL FLORIDA HOUSING, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

3027 SW 41 PLACE, OCALA, FLA. 34474

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MOBILE AND MODULAR HOME SALES

**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):

PAM HOVELAND, PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

PAM HOVELAND  
3027 SW 41 PLACE  
OCALA, FLA. 34474

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PAM HOVELAND  
3027 SW 41 PLACE  
OCALA, FLA. 34474

\*\*\*\*\*

*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*

*Tch*

Signature/Registered Agent *Pam Hoveland*

10/22/08

Date

*Tch*

Signature/Incorporator *Pam Hoveland*

10/22/08

Date

FILED  
08 OCT 27 PM 11:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA