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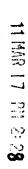
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT: HomeTrust Real Estate	Group, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: James Mayes Name	(Printed or typed)	
2420 Enterprise Rd. Suite	e 200	
Clearwater, FL 33763	Address State & Zip	
727-804-7842 Daytime Te	elephone number	·
jim@hometrustre.com E-mail address: (to be used	for future annual report	notification)

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 HomeTrust Real Estate Group, Inc The name of the corporation shall be:

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
	2420 Enterprise Rd. Suite 200	2420 Enterprise	Rd. Suite 200
	Clearwater, FL 33763		33763
		·	
4 D/M/O1 D 111	NUMBER		
ARTICLE III			
Real Estate	which the corporation is organized is:		
Real Estate	Services		
ARTICLE IV		·	
The number of st	hares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors	
Name and	Title: James Mayes - President	Name and Title:	
Address:	2912 Lake Valencia Blvd. E.	Address:	
	Palm Harbor, FL 34684		
,			
.,	mu.		
Name and	Title:	Name and Title:	
Address:		Address:	
Name and	Title:	Name and Title:	
Address:		Address:	
			
APTICLEUI	REGISTERED AGENT	•	
	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	**************************************
Name:	James Mayes	e) of the registered agent is.	
Address:	2912 Lake Valencia Blvd. E		
	Palm Harbor, FL 34684		
	,		
	<u>INCORPORATOR</u>		
	ddress of the Incorporator is:		183
Name:	James Mayes		
Address:	2912 Lake Valencia Blvd. E.		사람 정
	Palm Harbor, FL 34684		
Having been na	med as registered agent to accept service of pro	acess for the above stated compare	ation at the place designated in
this certificate, I/	am familiar with and accept the appointment as	registered agent and agree to act	in this canacity
	, , , , , , , , , , , , , , , , , , , ,	9	1 1
	The hand		3/15/17
$\overline{}$	Required Signature/Registered Agent		Date
			, 200
I submit this doc	cument and affirm that the facts stated herein	are true. I am aware that the fa	lse information submitted in a
document to the i	Department of State constitutes a third degree fo	clony as provided for in s.817.155,	F.S.
	1		1 1
			3 15 11
	Required Signature Incorporator		Date
	\sim		
	7		