

PI1000043634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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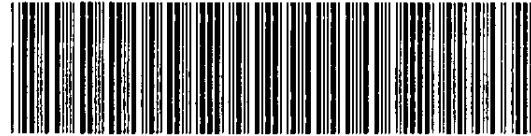
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/11--01032--006 **78.75

FILED

2011 MAY -4 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
5-6-11

COVER LETTER

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

SUBJECT: HOME RESTORATION EXPERTS, 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: CARLO MUZIC
Name (Printed or typed)

5300 SW Coral Tree Lane
Address

Palm City, FL 34990
City, State & Zip

561/723-3144
Daytime Telephone number

CARLOMUZIC@YAHOO.COM ✓
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

HOME RESTORATION EXPERTS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5300 SW Coral Tree Lane
Palm City, FL 34990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in any and all business permitted under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLO MUZIC-President
Address: 5300 SW Coral Tree Lane
Palm City, FL 34990

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CARLO MUZIC
Address: 5300 SW Coral Tree Lane
Palm City, FL 34990

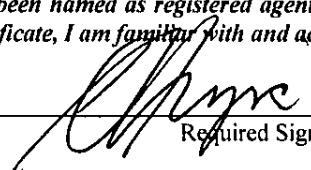
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLO MUZIC
Address: 5300 SW Coral Tree Lane
Palm City, FL 34990

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

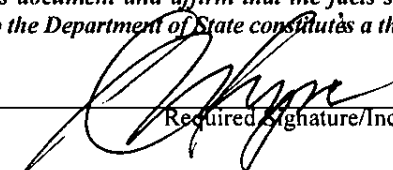


Required Signature/Registered Agent

April 26, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

April 26, 2011

Date