P11000067129

| (F | Requestor's Name |) | | |
|-----------------------------------------|------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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SECRETARY OF STATE
ALLAHASSEF ET ORDIN

MRD 7/26

VIII-17318

COVER LETTER

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

| SUBJECT: | the time of the second of | FNI | 5 6 |
|----------------------|---------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| | (PKOPOSED CORPOR | RATE NAME – <u>MUST INC</u> | LUDE SUFFIX) |
| Enclosed are an | original and one (1) copy of the a | rticles of incorporation ar | nd a check for: |
| \$70.00 Filing Fe | Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of |
| | | ADDITIONAL C | OPY REQUIRED |
| FROM: | Laura J. Salemme | ne (Printed or typed) | |
| | 15930 Ternglade Drive | | |
| | | Address | |
| 1 | Lithia, FL 33547 Cin | y, State & Zip | |
| | 727-743-5451 Daytime | Telephone number | |
| اِ | Louise@FNTSdirect.co E-mail address: (to be us | m ed for future annual report | notification) |

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JUL 25 AH 10: 06

DIVISION OF CORPORATIONS

March 28, 2011

LAURA J SALEMME 15930 TERNDLADE DRIVE LITHIA, FL 33547

SUBJECT: THE HOME CORP. Ref. Number: W11000017318

CHANGED NAME TO "FNTS"

We have received your document for THE HOME CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 211A00007427

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| | corporation shall be: | FNTS CORP. | |
|-----------------------|--------------------------------------------------|---------------------------------|---------------------------------------|
| | • | | |
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | Mailin | g address, if different is: |
| | 15903 Ternglade Drive | | |
| | Lithia, FL 33547 | | |
| | | | |
| ARTICLE III | PURPOSE | | |
| | which the corporation is organized is: | | |
| | | • | 50 3 m |
| REAL ESTA | ATE AND FINANCE | | |
| | | | 2部 户 |
| | | | JUL 85 CRETAR CARETAR |
| | | | SS |
| ARTICLE IV | SHARES | | AN OF S |
| | nares of stock is: 100 | | 27 a C |
| | | | 21 18 |
| | INITIAL OFFICERS AND/OR DIRECT | | |
| | Title: Laura J. Salemme, President | | |
| Address: | 15930 Ternglade Drive | Address: | |
| | Lithia, FL 33547 | | |
| | | | |
| Name and | Title: | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| Nama and | Title: | Name and Title: | |
| Address: | Title | Address | |
| radioss. | | | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| | lorida street address (P.O. Box NOT acceptab | | |
| Name: Address: | Laura J. Salemme | | |
| Address: | 15930 Ternglade Drive Lithia, FL 33547 | | |
| | Lima, FL 33347. | | |
| ARTICLE VII | INCORPORATOR | | |
| The <u>name and a</u> | ddress of the Incorporator is: | | |
| Name: | Laura J. Salemme | | |
| Address: | 15930 Ternglade Drive | | |
| | Lithia, FL 33547 | | |
| Having been na | med as registered agent to accept service of pr | ocess for the above stated co | prporation at the place designated in |
| | am familiar with and accept the appointment a | | |
| 1/1 | 4 0 4 1 1 1 1 1 1 1 1 1 | 5 5 | |
| \d_ cf\ | | | 3/23/11 |
| -AXA | Required Signature/Registered Agent | | Date |
| · U | required organical registered regult | | |
| | cument and affirm that the facts stated herein | | |
| document to the | Department of State constitutes a third degree J | felony as provided for in s.817 | 7.155, F.S. |
| 1// X | \sim \sim \sim | | 1 } |