

P11000073615

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

47643

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000205092 3))



H110002050923ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 AUG 16 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
home remodeling & maintenance, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

R 08/17/11

RECEIVED
11 AUG 16 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H11 000205092

2

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

ARTICLE I NAME HOME REMODELING & MAINTENANCE, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 9801 OLD BAYMEADOWS RD. # 14
JACKSONVILLE, FL 32256-8107
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1,000 @ \$1.00


ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: PRES- ZDRAVKO RELOTA Name and Title: _____
Address: 9801 OLD BAYMEADOWS RD. # 14 Address: _____
JACKSONVILLE, FL 32256-8107
Name and Title: VP- MONO PAJKANOVIC Name and Title: _____
Address: 9801 OLD BAYMEADOWS RD. # 14 Address: _____
JACKSONVILLE, FL 32256-8107
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: ZDRAVKO RELOTA
Address: 9801 OLD BAYMEADOWS RD. # 14
JACKSONVILLE, FL 32256-8107

11 AUG 16 PM 2:29
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: ZDRAVKO RELOTA
Address: 9801 OLD BAYMEADOWS RD. # 14
JACKSONVILLE, FL 32256-8107

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

 _____ 08/16/2011
Required Signature/Registered Agent 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.

 _____ 08/16/2011
Required Signature/Incorporator Date

H11 000205092