

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

RECEIVED FEB 8 2012

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
HOME TRADERS INC

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

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RECEIVED
DIVISION OF CORPORATIONS
FEB 8 2012

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

ARTICLE I NAME HOME TRADERS INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1612 NW 116 PL UNIT 402
DORAL FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JOSE BENJAMIN ESCORCIA	Name and Title:	
Address:	1612 NW 116 PL UNIT 402	Address:	
	DORAL FL 33178		
	PRESIDENT VICE-PRESIDENT AND TREASURER		
Name and Title:		Name and Title:	
Address:		Address:	
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: JOSE BENJAMIN ESCORCIA
Address: 1612 NW 116 PL UNIT 402
DORAL FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE BENJAMIN ESCORCIA
Address: 1612 NW 116 PL UNIT 402
DORAL FL 33178

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

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2/8/12
Date

2/8/12
Date