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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 17 PM 1:38

Ps 9/11/12

COVER LETTER

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

SUBJECT: **HOMEDEN 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: **CATHERINE SAITOTI**

Name (Printed or typed)

14405 QUAIL TRAIL CT

Address

ORLANDO, FLORIDA, 32837

City, State & Zip

407 802 7815

Daytime Telephone number

NAISULACATE@YAHOO.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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ARTICLE II PRINCIPAL OFFICE
Principal street address
14405 QUAIL TRAIL CT
ORLANDO, FL, 32837

Mailing address, if different is:

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

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CATHERINE SAITOTI PRESIDENT Name and Title: _____
Address: 14405 QUAIL TRAIL CT Address: _____
ORLANDO, FL, 32837

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: CATHERINE SAITOTI
Address: 14405 QUAIL TRAIL CT
ORLANDO, FL, 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CATHERINE SAITOTI
Address: 14405 QUAIL TRAIL CT
ORLANDO, FL, 32837

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

9/12/2012

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

9/12/2012

Date