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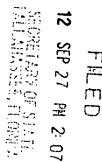
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

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

SUBJECT: Subtropical Homes Inc	· ·			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status		
	ADDITIONAL C	OPY REQUIRED		
FROM: Eugene Fink Name	(Printed or typed)			
5636 Phillips Avenue		· · · · · · · · · · · · · · · · · · ·		
Pittsburgh, PA 15217	Address State & Zip			
(412) 254-4363 Daytime To	elephone number			
eugenefink@gmail.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)

ARTICLE I The name of the co	NAME propression shall be: SUBTROPICAL HOMES	INC. FILED
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Maling Stillregs 7 if different is 7
	918 Elkner Street	
7	lew Port Richey, Florida 34652	SECRETARY OF STATE ALLAHASSEE, TLORGON
-		13.11.A11.33.22.11.010.12.
ARTICLE III	PURPOSE	
	hich the corporation is organized is:	∆a .
Real Estate F	Purchase and Rent	
ARTICLE IV	SHARES res of stock is:1024	
i ne number of sna	res of stock is:1024	
	INITIAL OFFICERS AND/OR DIRECTORS	
		Name and Title:
Address:	4918 Elkner Street	Address:
	New Port Richey, Florida 34652	
100		N. Ama
Name and The Address:	Itle: Fugene Fink, VP and Treasurer	Name and Title:
Address:	5636 Phillips Avenue Pittsburgh, PA 15217	
	Plusburgh, PA 15217	
		N J TM
Name and Ti Address:	tle:	Name and Title:
Address:		Address.
A DOTOL D IT		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of t	ne registered agent is:
Name:	Helen Mukomel	ic registered agent is.
Address:	4918 Elkner Street	
	New Port Richey, Florida 34652	
4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•	
	INCORPORATOR	
The name and add	Iress of the Incorporator is:	
Address:	Eugene Fink	
Addiess.	5636 Phillips Avenue Pittsburgh, PA 15217	
	•	
		for the above stated corporation at the place designated in
	n familiar with and accept the appointment as regis	erea agent ana agree to act in this capacity
M	elen Mukemel	September 20, 2012
	Required Signature/Registered Agent	Date
I submit this docu document to the D	. •	rue. I am aware that the false information submitted in a is provided for in s.817.155, F.S.
SOT.	طا	04
<u>@</u>	Required Signature/Incorporator	September 20, 2012 Date
	required signature/incorporator	Date