P1200092609

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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PS 11/6/1

COVER LETTER

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

_{SUBJECT:} Cov	enant Homes, Ir	nc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM: D	avid Williams	e (Printed or typed)	
10	339 Key Lanter	n Dr.	
		Address	
No	ew Port Richey,		
	•	State & Zip	
72	27-243-2726		
du	villiams@covenai	elephone number	
QV.		160111.1161	

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I	NAME		SECRETA DIVISION OF	RY OF STATE CORPORATION
The name of the	corporation shall be: COVENANT HOMES	, INC.		
ARTICLE II	PRINCIPAL OFFICE		NZ NUV -5	AM 11: 23
	Principal street address		Mailing address, if different is:	
•	10339 Key Lantem Dr.			
	New Port Richey, FL34654			
				
ARTICLE III				
ne purpose for	which the corporation is organized is:			
	To Build Real ESTATE Dev	re Lop men	<i>t</i> s	
•				
ARTICLE IV The number of s	SHARES shares of stock is: /OO			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR			
	Title: Scott Williams-President	_ Name and Title	×	· · · · · · · · · · · · · · · · · · ·
Address:	15741 Lancer Rd.	_ Address:		
	Spring Hill, Fl. 34810	_		
				
Name and	Title: Dean Williams-Vice President	_ Name and Title	<u> </u>	
Address:	13012 Titleist Dr.	Address:		
	Hudson, Fl. 34889	_		
				
	Title: David Williams-Vice President		×	-
Address:	10339 Key Lantem Dr.	Address:		
	New Port Richey, Fl. 34654			
		- .		···
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the maistered on	ant in	
Name:	David Williams	or the registered ag	ent is.	
Address:	10339 Key Lantern Dr.	_		
Addiess.	New Port Richey, Fl. 34654	_		
		_		
RTICLE VII	INCORPORATOR		•	
he <u>name and a</u>	ddress of the Incorporator is:			
Name:	David Williams	_		
Address:	10339 Key Lantem Dr.	_		
	New Port Richey, Fl. 34654	_		
Having been na his certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as re	– is for the above sto gistered agent and	ated corporation at the place des I agree to act in this capacity	ignated in
	WWW/		11/01/2012	
, , , , , , , , , , , , , , , , , , , 	Required Signature/Registered Agent		Date	
submit this do ocument to the	cument and affirm that the Jacts stated herein are Department of State constitutes a third degree felon	true. I am aware ny as provided for	that the false information submits 1.817.155, F.S.	nitted in a
	X_V \	/	11/01/2012	
	Reduced State Universal Prior parties		11/01/2012	