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(Re	equestor's Name)	
1 (Ac	idress)	
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(AC	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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08/23/13--01006--010 **78.75

DIVISION OF BURPORATIONS
DIVISION OF BURPORATIONS

428 W13-48028

COVER LETTER

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

SUBJECT: RE Home Setuices					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		

FROM: KOSA P. Estraba
Name (Printed or typed)
11309 Wickets Ley Place
Address/
+AMPA, FL. 33625 City, State & Zip
City, State & Zip
8/3-928-4790 Daytime Telephone number
Daytime Telephone number
REhouse Services 1 Q Value Com E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2013

ROSA P. ESTRADA 11309 WICKERS LEY PL TAMPA, FL 33625

SUBJECT: RE HOME SERVICES INC

Ref. Number: W13000048028

We have received your document for RE HOME SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 113A00020502

13 SEP -9 PM 2: 11
SECRETARY OF STATE

•	ARTICLES O In compliance with Chapter	F INCOP! ORATION	F.S. (Profit)		
ARTICLE I NAM The name of the corporat	E ion shall be: REHOM	e Service	S INC.		_
ARTICLE II PRIM	ICIPAL OFFICE Principal street address		Mailing address, if diffe	rent is:	-
	ersley Place EC. 33625				·
ARTICLE III PURI The purpose for which the Cleaning	POSE ne corporation is organized is: / NAinting , Law.	Provide home	gervices epairs etc	as;	
				13 %	DIV.
ARTICLE IV SHA The number of shares of s		ectors		1-40 WW 6-45	FIARY OF STA
Name and Title:	ROSA P. Estrada	Meg. Name and Title	·	+7	- S
Address	11709 Wickers (HAMPA, FL 3				
Name and Title:		Name and Title		· ·	
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: RoyA P. E. 5tra La	
Address: 11709 Wickers Lay PL	ب پين ب
TAMPA FC 37625	3 65 65 65 65 65 65 65 65 65 65 65 65 65
ARTICLE VII INCORPORATOR	9 975
The name and address of the Incorporator is:	
Name: RosA P. Estrada	OR ATE
Name: RosA P. Egfrade Address: 11709 Wickers Cey Pl.	7
TAMPA, FC37625	
Having been named as registered agent to accept service of process j this certificate, I am familiar with and accept the appointment as regi	
1 2 CAR	
Required Signature/Registered Agent	8//9/(3 Date
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a
Required Signature/Incorporator	8/19/13
Required Signature/incorporator	Date