

PA000006087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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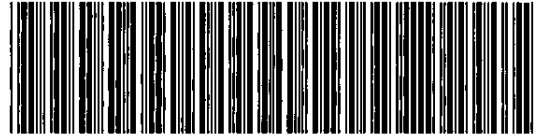
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/14--01016--005 **78.75

FILED
14 JAN 10 AM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Home Design Center of Florida, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tammy Ambrosius
Name (Printed or typed)
7802 SW Ellipse Way
Address
Stuart, FL 34997
City, State & Zip
772-223-8400
Daytime Telephone number
Tammy@OneCallProp.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 NAME

The name of the corporation shall be: Home Design Center of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7802 SW Ellipse Way

Stuart, FL 34997

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Offering a company to simplify a customer's
desire to remodel their home through our custom showroom and
trained staff.

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Ambrosius, President, Treasurer

Address: 7802 SW Ellipse Way
Stuart, FL 34997

Name and Title: Tammy Ambrosius, Vice President, Secretary

Address: 7802 SW Ellipse Way
Stuart, FL 34997

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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: Tammy Ambrosius
Address: 7802 SW Ellipse Way
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tammy Ambrosius
Address: 7802 SW Ellipse Way
Stuart, FL 34997

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

Tammy Ambrosius 1-7-14
Required Signature/Registered Agent 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.

Tammy Ambrosius 1-7-14
Required Signature/Incorporator Date

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