

P/4000016840

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

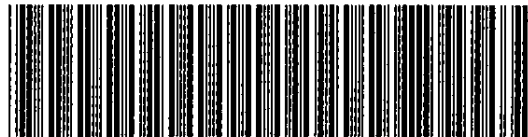
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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14 FEB 21 PM 3:55  
FALLA MOUNTAIN, ALA

*h* 02/24/14

## COVER LETTER

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

SUBJECT: **NEW HOUSING COLLECTION II 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: **Andre Claveau**  
Name (Printed or typed)  
**205 NE 50Th Ct**  
Address  
**Pompano Beach Fl 33064**  
City, State & Zip  
**754-242-6890**  
Daytime Telephone number  
**pompanobeachstorage@hotmail.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:

**NEW HOUSING COLLECTION II Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

205 NE 50 Th Ct

Same

Pompano Beach

Fl 33064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Outside & Inside Storage**

**for Truck Trailer, Heavy Equipment , RV, Cars, and Others**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

**Andre Claveau CEO**

Name and Title:

Address

**571 Rue Du Gite**

Address:

**Québec Qc**

**Canada**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

(conti.)

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: SFR Enterprises, / Steve Ricco  
Address: 2149 SW 47Th Street  
Fort Lauderdale Fl 33312

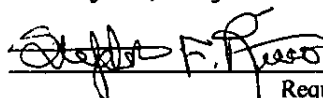
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14 FEB 21 PM 3:55  
TALLAHASSEE FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANDRE CLAVEAU  
Address: 571 RUE DU GITE  
QUEBEC, QC CANADA  
G2J-1T36

*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

2/18/14  
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

2/18/14  
Date