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

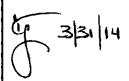


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SECIL TARY OF STATE SECIL TARY OF STATE



COVER LETTER

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

SUBJECT: Home and Office Software Inc							
3CB0ECT		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:				
		<u> </u>		1			
□ \$70.00	\$78.75	\$78.75	\$87.50				
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	Į.			
	& Certificate of Status	& Certified Copy	Certified Copy	1			
			& Certificate of	1			
		ADDITIONAL CO	Status	1			
		ADDITIONAL CO	DPY REQUIRED]			
				_			
,,,, H	Iradyendra Om S	harma					
FROM:	_	(Printed or typed)					
4.							
1994 Placid Lakes Blvd.							
	/	Address			: <u></u>		
Lake Pleated EL 22052							
Lake Placid, FL - 33852							
	City,	State & Zip		28	- 35-		
7	54-422-8486				======		
<u> </u>		elephone number		P	중독대		
	Daytine 1	creptione number		81:1	35 35 35		
ho	osharma@hotmail.c	om		င်	01. 71.		
	E-mail address: (to be use	d for future annual report	notification)		Sit		

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 NAM The name of the corporat	ion shall be: Home and Office S	Software Inc	Aisi A de	ORPORATI
ARTICLE II PRII	VCIPAL OFFICE Principal <u>street</u> address		14 MAR 28 ng address, if different is:	PH 1: 48
Lake Placid Fl	L - 33852			
	POSE ne corporation is organized is: any or business permitted a.			
		 <u>S</u>	·	
Address	1994 Placid Lakes Blvd.	Address:		
	Lake Placid FL - 33852			
Name and Title:		Name and Title:		
Address			<u> </u>	
Name and Title:		Name and Title:		
Address		Address:	.	
		-1, -19-19, -1 8	, , , , , , , , , , , , , , , , , , , 	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	Etha ragistarad agant is:	
Name:	Hradyendra Om Sharma (PD)	the registered agent is.	
Address:	1994 Placid Lakes Blvd.		
, radiess.	Lake Placid FL - 33852	-	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Hradyendra Om Sharma (PD)		
Address:	1994 Placid Lakes Blvd.	_	
	Lake Placid FL - 33852	-	
	ned as registered ugent to accept service of process am familiar with/and accept the appointmepfas reg		
	midas senostes		03/25/2014
	Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date
I submit this doc document to the i	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the f y o g provided for in s.817.1.	alse information submitted in a 55, F.S.
	milaround	6	03/25/2014
	Required Signature Incorporator		Date
	U.		

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