

PA 000033256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

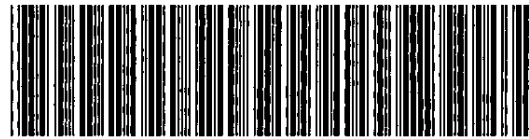
(Business Entity Name)

(Document Number)

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14 APR -7 AM 7:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

614-17503

## COVER LETTER

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

SUBJECT: **Homs Construction, 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: **Fernando Homs**

Name (Printed or typed)

**603 Verona Street, Suite B**

Address

**Kissimmee, FL 34741**

City, State & Zip

**407-873-9370**

Daytime Telephone number

**Fernando@fernandohoms.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

RECEIVED

14 APR -7 PM 1:08

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

March 19, 2014

FERNANDO HOMES  
603 VERONA ST SUITE B  
KISSIMMEE, FL 34741

SUBJECT: HOMES CONSTRUCTION, INC.  
Ref. Number: W14000017503

We have received your document for HOMES CONSTRUCTION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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: 914A00005899

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Certified Copy  
& Certificate of  
Status

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FROM: **Fernando Homs**

Name (Printed or typed)

**603 Verona Street, Suite B**

Address

**Kissimmee, FL 34741**

City, State & Zip

**407-873-9370**

Daytime Telephone number

**fernando@fernandohoms.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: Homs Constuctions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

603 Verona Street

Suite B

Kissimmee, FL 34741

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 50/50

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

Name and Title: Fernando Homs - P

Name and Title: \_\_\_\_\_

Address: 603 Verona Street

Address: \_\_\_\_\_

Suite B

Kissimmee, FL 34741

Name and Title: Juan Vasquez - V

Name and Title: \_\_\_\_\_

Address: 603 Verona Street

Address: \_\_\_\_\_

Suite B

Kissimmee, FL 34741

Name and Title: Brandy Lothian - MGR

Name and Title: \_\_\_\_\_

Address: 603 Verona Street

Address: \_\_\_\_\_

Suite B

Kissimmee, FL 34741

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14 APR - 7 AM 7:28  
SECRETARY OF STATE  
TALLAHASSEE 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:

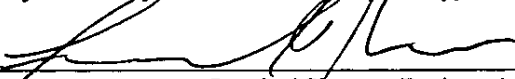
Name: Fernando Homs  
Address: 603 Verona Street, Suite B  
Kissimmee, FL 34741

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Fernando Homs  
Address: 603 Verona Street, Suite B  
Kissimmee, FL 34741

*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

4/4/14  
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

4/4/14  
Date

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TALLAHASSEE FLORIDA