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## **COVER LETTER**

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

SUBJECT: One Call Home Technology Design Center, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (	copy of the articles of incorporation a	nd a check for:
\$70.00 \$78.75 Filing Fee & Certifica		\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED

FROM:	Tammy Ambrosius
T KOIVI.	Name (Printed or typed)
	7804 SW Ellipse Way
	. Address
	Stuart, FL 34997
	City, State & Zip
	772-223-8400
	Daytime Telephone number
	Tammy@OneCallProp.com  F-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)

RTICLE II PRI	<b>NCIPAL OFFICE</b> Principal <b>street</b> address	]	Mailing address, if different is:
804 SW Ellip	· —	Same	•
tuart, FL 349			<del></del>
· · · · · · · · · · · · · · · · · · ·	<del></del>		
	POSE ne corporation is organized is:  d automation.	g equipmen	t and labor to provide hon
Name and Title	TIAL OFFICERS AND/OR DIRECTOR.  Robert Ambrosius, President, Treasurer	S Name and Title:	
e number of shares of s	TAL OFFICERS AND/OR DIRECTOR Robert Ambrosius, President, Treasurer 7804 SW Ellipse Way		7804 SW Ellipse Way
e number of shares of states of states of states and Title Address  Name and Title: Address	Robert Ambrosius, President, Treasurer 7804 SW Ellipse Way Stuart, FL 34997	Name and Title: Address:  Name and Title: Address:	7804 SW Ellipse Way Stuart, FL 34997  TALLAHASSEE FLORIDA  TALLAHASSEE FLORIDA
e number of shares of states of states of states and Title Address  Name and Title: Address	Robert Ambrosius, President, Treasurer 7804 SW Ellipse Way Stuart, FL 34997	Name and Title: Address:  Name and Title: Address:	7804 SW Ellipse Way Stuart, FL 34997  TALLAHASSEE FLORIDA  TALLAHASSEE FLORIDA

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Tammy Ambrosius	<del></del>
Address:	7804 SW Ellipse Way	
	Stuart, FL 34997	 
ARTICLE VII	INCORPORATOR	APR -7
The <u>name and ac</u>	ldress of the Incorporator is:	
Name:	Tammy Ambrosius	
Address:	7804 SW Ellipse Way	AM 7: 36 EFLORIDA
	Stuart, FL 34997	_
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity 4-2-2014
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in only as provided for in s.817.155, F.S.
	Range ()	4-2-2014
	Required Signature/Incorporator	Date