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(Business Entity Name)

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TALLAHASSEE FL 32317

COVER LETTER

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

SUBJECT: **BUILDING NEW HOMES SOLUTIONS, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: **KIMBERLY MACKEY**
Name (Printed or typed)
16934 MELISSA ANN DR
Address
LUTZ, FL 33558
City, State & Zip
813-918-0503
Daytime Telephone number
KMACKEY@NEWHOMESSOLUTIONS.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: BUILDING NEW HOMES SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16934 MELISSA ANN DR

LUTZ, FL 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPENED NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIMBERLY MACKEY Name and Title: _____

Address PRESIDENT Address: _____

16934 MELISSA ANN DR

LUTZ, FL 33558

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL 32310

(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: LORI GELINAS

Address: 3043 GULFWIND DR

LAND O LAKES, FL 34639

ARTICLE VII INCORPORATOR

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

Name: TAXXPRESS & ACCT, LLC

Address: 3043 GULFWIND DR

LAND O LAKES, FL 34639

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TALLAHASSEE FLORIDA

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

Lori Gelinas

Required Signature/Registered Agent

JULY 21, 2014

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.

Lori Gelinas

Required Signature/Incorporator

JULY 21, 2014

Date