# Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Home Solutions Group of Central FL Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H14000222993

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Home Solutions Group of Central FL Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

37200 Oswalds Alley Fruitland Park, FL 34731

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Peter Capponi 37200 Oswalds Alley Fruitland Park, FL 34731

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# ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Peter Capponi - President/Director 37200 Oswalds Alley, Fruitland Park, FL 34731

Michael McCormick - Vice President/Director 449 Winners Circle, Lady Lake, FL 32159

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Peter Capponi 37200 Oswalds Alley, Fruitland Park, FL 34731

Michael McCormick 449 Winners Circle, Lady Lake, FL 32159

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22nd day of September 20 14

Peter Capponi

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Home Solutions Group of Central FL Inc.		
2. The name and address of the registe	ered agent and office is:		
	Peter Capponi		
	Name		
	37200 Oswaids Alley		
	(P.O. Box or Mail Drop Box NOT Acceptable)		
	Fruitland Park, FL 34731		
	(City / State / Zip)		
corporation at the place designated agent and agree to act in this capac	gent and to accept service of process for the above stated in this certificate. I hereby accept the appointment as regisity. I further agree to comply with the provisions of all the performance of my duties, and am familiar with and accepted agent.	statut <u>es</u>	
12. 1. E.	- 09/22/2014		
Peter Capponi SIGNATURE	(Date)		