# PH 600083484

(Requestor's Name)		
(Address)		
(Address)		
(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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14 OCT -6 AM 8:53

#### **COVER LETTER**

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

Certificate of Status

14 OCT -6 AH 8:54
SEGNETARY OF STATE

SUBJECT: HOME COMMUNITY	PRESERVATION, INC
Enclosed is an original and one (I) copy of the	e Certificate of Domestication and a check for:
FEES:	
Certificate of Domestication	\$°-\$0.00
Articles of Incorporation and Certifica	·
Total to domesticate and file	\$128:75
OPTIONAL:	

HOME COMMUNITY PRESERVATION, INC
Name (printed or typed)

34 Palmer Avenue
Address

Bronxville, New York 10708

City, State & Zip

914-779-6299

Daytime Telephone Number

floweroffice@att.net

E-mail address: (to be used for future annual report notification)

\$ 8.75

### CERTIFICATE OF DOMESTICATION

The undersigned	Robert J. Flower,	Officer,
	(Name)	(Title)
of HOME C	OMMUNITY PRESERVATION, INC (Corporation Name)	a foreign corporation,
in accordance wi	th s. 607.1801, Florida Statutes, does hereby co	ertify:
1. The date on	which corporation was first formed was June	17, 2008
	ion where the above named corporation was fir eing was Nevada	
3. The name of	the corporation immediately prior to the filing	of this Certificate of Domestication
	the corporation, as set forth in its articles of in and 607.0401 with this certificate is HOME C	
administratio	ion that constituted the seat, siege social, or prior of the corporation, or any other equivalent jubefore the filing of the Certificate of Domestic	ncipal place of business or central risdiction under applicable law,
6. Attached are to s. 607.180	Florida articles of incorporation to complete the	ne domestication requirements pursuant
ĺ	Flower, of HOME COMMUNITY PRESI	,
	ed to sign this Certificate of Domestication on	
so this the 18	day of September 2014	., 2014
1		
}	(Authorized Signature)	or the second se
; 1	,	
		•
•	Filing Fee: Certificate of Domestication	\$} 50\00'
ž	Articles of Incorporation and Certified C	

#### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

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HOME COMMUNITY PRESERVATION, INC		AK 8: 51 OF STAT E. FLORI
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RTICLE II PRINCIPAL OFFICE		
IE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:	and that was a state on	
Principal Address	Mailing Address	
34 Palmer Avenue	34 Palmer Av	enue 🔔
,		40700
Bronxville, NY 10708	Bronxville,	NY 10708
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PACCAHASSEE, FLORID

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ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 100

#### ARTICLE V. INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Thie/Name	Title/Name
Robert J. Flower	Officer
34 Palmer Avenue	
Bronxville, NY 10708	***
Title/Name	Title/Name
Angela Casale	President and Secretary
34 Palmer Avenue	
Bronxville, NY 10708	
Title/Name	Títle/Name
Title/Name	Title/Name
	Administration 1
The second secon	

Signature/Incorporator

## INITIAL REGISTERED AGENT AND STREET ADDRESS THE <u>NAME AND FLORIDA STREET ADDRESS</u> (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Agents and Corporations, Inc. 300 Fifth Avenue South-Suite 101-330 Naples, Florida 34102 INCORPORATOR ARTICLE VII THE NAME AND ADDRESS OF THE INCORPORATOR IS: Robert J. Flower 34 Palmer Avenue Bronxville, NY 10708 HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM PAMILIAR WITH AND accepy the appointment as registered agent and agree to act in this capacity. John L. Williams, President – Agents and Corporations, Inc.



September 10, 2014

HOME COMMUNITY PRESERVATION INC. 34 PALMER AVE BRONXVILLE, NY 10708

SUBJECT: HOME COMMUNITY PRESERVATION INC.

Ref. Number: F13000002412

We have received your document for HOME COMMUNITY PRESERVATION INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

The document is illegible and not acceptable for imaging.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

The purpose contained in your articles should be more specific.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 314A00019405

Division of Compactions D.O. DOV 6207 Tallaharan Elavida 2021

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