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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Gity/State/Ztp/F110fie #)					
PICK-UP WAIT MAIL					
₹ **					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

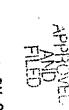
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SECRETARY OF STATE
SECRETARY OF STATE



1/4

COVER LETTER

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

SUBJECT:	IRMS HOMES RE (PROPOSED CORPORA	STORATION AN	New Con
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 CO	
FROM:		(Frinted or typed)	
	PO BOX 484	Address	SYTH ZT)
	BAG DAD City,	FZ 3253 State & Zip	ව
	8 <u>50-2</u> Daytime T	93 - 53 49 elephone number	
<u> </u>	E-mail address: (to be use	Homes AND LANd for future annual report	D/NC 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 NAM		100 Reson	RAMON AND NEW CONSTRUCT
The name of the corpora	tion shall be: CVK113 F19/10	167 14 210	•
ARTICLE II PRI	NCIPAL OFFICE		INC.
	Principal <u>street</u> address		Mailing address, if different is:
4621 FO	RSYTH ST	10	BOX 484, BAGDAD, FL 325
-			
0 0	=1==================================		
BAGDAD, A	<u>-6 32530</u>	 	
ARTICLE III PUR	POSE		11 16.00
The purpose for which t	he corporation is organized is:	STORATION	OF HISTORIC HOMES,
NEW CONS	TELETION OF INFILL	HOMES	
			•
5			
	•		
		- 170	
			A0# 7
			ASS.
The number of shares of	ARES Estock is: 1000		第3 あ 戸裏
The number of strates of	Stock is.		
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTO	∩P¢	
ARTICLES V INC	C L L L L L L L L L L L L L L L L L L L	-	マー マイン 104
Name and Titl	E.CURTS JOHNSON - PRE	3. Name and Titl	IE: THEREXA JOHNSON-VPA
Address	4601 FORSYTH ST	Address:	4601 FORSYTH ST. SEC.
Addiess	•	Addiess.	
	90 Box 721		PO BOX 721
	BAGDAD, FZ 32530	•	BAGDAD, FZ 32530
			
Name and Title		Name and Titl	le:
TABLE BIG THE			
Address		Address:	
		-	
			
	<u></u>		
Name and Title	:	Name and Tit	le:
Address		Address:	
			



Name and Title:	Name and Title:	14 NOV -6 PM 3: 23
Address	Address:	SECRETARY OF STATE TALLAHASSEE, FLORILIA
ARTICLE VI REGISTERED AGENT	anniahla) afisha marintanad anansi ir	
The <u>name and Florida street address</u> (P.O. Box NOT acc Name: Color Michael Color Col)OITH SON	.
Address: 4601 FORSYTH . BAGDAD, FL 32		
BAGDAD, FL 32	<u> </u>	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	1	
Name: Curns MicHAR	<u>JOITH</u> SON	
Address: 4601 FORSYTH		
BAGDAD, FL 3:	2530	
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint		
THE H		11/3/14
Required Signature Registered	Agent	Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third d	herein are true. I am aware tha egree felony as provided for in s.	t the false information submitted in a 817.155, F.S.
Required Signature Incorpora	ator	11/3/14 Date