P15000050544

(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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05/07/15--01014--010 **78.75

MISTAL MINISTAL

Harasian Maria

COVER LETTER

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

SUBJECT: FINAN	CIAL HOME IMPROVEMENT AD	OVISORS INC.			
5000EC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d 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: _	JINTIN VALLS Name E 59 ST SUITE #701	e (Printed or typed)			
_	Address				
JA	CKSONVILLE, FLORIDA 32208				
-	City,	State & Zip			
904	-993-5106				
_	Daytime T	elephone number			
VA	LLSQ5106@GMAIL.COM				
	F-mail address: (to be use	d for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.



May 12, 2015

QUINTIN VALLS 26 E 59 ST., STE 701 JACKSONVILLE, FL 32208

SUBJECT: FINANCIAL HOME IMPROVEMENT ADVISORS INC.

Ref. Number: W15000033553

We have received your document for FINANCIAL HOME IMPROVEMENT ADVISORS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Letter Number: 315A00009925

Carol Mustain Regulatory Specialist II

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

INDICATE THE POST	CONTRACEDO			
<u>ARTICLE II PRI/</u>	Principal street address	Mailing	Mailing address, if different is:	
26 E 59TH ST SUIT	TE #701			
JACKSONVILLE,FI	ORIDA 32208			
ARTICLE III PUR The purpose for which	POSE the corporation is organized is:			
TO ASSIST HOME	HOME OWNERS WITH AQUIRING A LO	OAN FOR HOME IMPROV	EMENTS, AND INSURING	
THOSE IMPROVEM	IENTS ARE PERFORMED			
			2015	

The number of shares ARTICLE V INIT	of stock is: IAL OFFICERS AND/OR DIRECTORS		Add to	
The number of shares ARTICLE V INIT	of stock is: IAL OFFICERS AND/OR DIRECTORS	Name and Title:		
The number of shares ARTICLE V INIT	of stock is:			
The number of shares ARTICLE V INIT Name and Ti	of stock is: IAL OFFICERS AND/OR DIRECTORS tle:	Name and Title:		
The number of shares ARTICLE V INIT Name and Ti	of stock is: IAL OFFICERS AND/OR DIRECTORS tle: 26 E 59 ST	Name and Title:		
The number of shares ARTICLE V INIT Name and Ti Address	of stock is: IAL OFFICERS AND/OR DIRECTORS tle: QUINTIN VALLS 26 E 59 ST JACKSONVILLE,FLORIDA 2208	Name and Title: Address:		
The number of shares ARTICLE V INIT Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS QUINTIN VALLS 26 E 59 ST JACKSONVILLE,FLORIDA 2208	Name and Title: Address: Name and Title:		
The number of shares ARTICLE V INIT Name and Ti Address	of stock is: IAL OFFICERS AND/OR DIRECTORS tle: QUINTIN VALLS 26 E 59 ST JACKSONVILLE,FLORIDA 2208	Name and Title: Address: Name and Title:		
The number of shares ARTICLE V INIT Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS QUINTIN VALLS 26 E 59 ST JACKSONVILLE,FLORIDA 2208	Name and Title: Address: Name and Title:		
The number of shares ARTICLE V INIT Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS QUINTIN VALLS 26 E 59 ST JACKSONVILLE,FLORIDA 2208	Name and Title: Address: Name and Title:		
The number of shares ARTICLE V INIT Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS QUINTIN VALLS 26 E 59 ST JACKSONVILLE,FLORIDA 2208	Name and Title: Address: Name and Title: Address:		
Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS QUINTIN VALLS 26 E 59 ST JACKSONVILLE,FLORIDA 2208	Name and Title: Address: Name and Title: Address: Name and Title:		

Name and	d Title:	Name and Title:	
Address		Address:	,
		· ·	<u>.</u>
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	QUINTIN VALLS	_	
Address:	26 E 59 ST JACKSONVILLE,FL 32208		
		-	
		-	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	QUINTIN VALLS		
Address:	26 E 59 JACKSONVILLE,FLORIDA	-	
	32208		
		-	
	EFFECTIVE DATE: APRIL 29 2015		
	other than the date of filing:	(OPTIONAL t be more than five busine	,
days after the fili	ing.)		
	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirement	s, this date will not be listed as
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg		
Quinti	a L. Valls		5-4-2015
	Required Signature/Registered Agent	***	Date
	iment and affirm that the facts stated herein are		
and and the D	epartment of State constitutes a third degree felon.	y as proviaea for in s.817.1.	•
quinun	ed Signature/Incorporator		5-4-2015