

P15000066602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

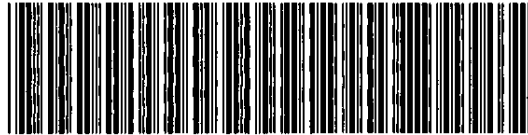
(Document Number)

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W-5-46037

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG - 7 PM 3:59

FILED

T. Burch AUG 6 2015

## COVER LETTER

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

**SUBJECT:** HomeWorks by Rosy, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Rosa Maria Fernandez-Stott

\_\_\_\_\_  
Name (Printed or typed)

1535 South Ridgewood Avenue

\_\_\_\_\_  
Address

Deland, FL 32720

\_\_\_\_\_  
City, State & Zip

386-748-6308

\_\_\_\_\_  
Daytime Telephone number

lorelei5565@outlook.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2015

ROSA MARIA FERNANDEZ-STOTT  
1535 SOUTH RIDGEWOOD AVE  
DELAND, FL 32720

SUBJECT: HOMEWORKS BY ROSY, INC.  
Ref. Number: W15000046337

We have received your document for HOMEWORKS BY ROSY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 315A00014381

**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: HomeWorks by Rosy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1535 South Ridgewood Avenue

Deland, FL 32720

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: residential house cleaning services

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rosa Maria Fernandez-Stott, President

Name and Title: \_\_\_\_\_

Address

1535 South Ridgewood Avenue

Address: \_\_\_\_\_

Deland, FL 32720

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG + 7 PM 3:59

FILED

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: Rosa Maria Fernandez-Stott \_\_\_\_\_

Address: 1535 South Ridgewood Avenue \_\_\_\_\_

Deland, FL 32720 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Rosa Maria Fernandez-Stott \_\_\_\_\_

Address: 1535 South Ridgewood Avenue \_\_\_\_\_

Deland, FL 32724 \_\_\_\_\_

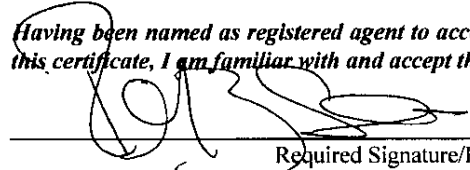
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

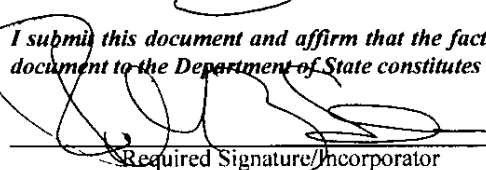
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

6/25/15  
\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

6/25/15  
\_\_\_\_\_  
Date

FILED  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA