

From: P15000074604
Division of Corporations
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
Home Safe Home Inc.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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From:

09/11/2015 09:18

#018 P.002/003

FILED

15 SEP'11 PM 8:06

ARTICLES OF INCORPORATION

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Home Safe Home Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4340 Bocaire Blvd

Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct all activities set forth and permitted under and Florida corporation law

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shona Holden (Sharon) Director

Name and Title: Mark Holden, Treasurer

Address: 4340 Bocaire Blvd

Address: 4340 Bocaire Blvd

Boca Raton, FL 33487

Boca Raton, FL 33487

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

From:

09/11/2015 09:18

#018 P.003/003

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: Mark Holden
Address: 4340 Bocaire Blvd
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Holden
Address: 4340 Bocaire Blvd
Boca Raton, FL 33487

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

x Mark Holden
Required Signature/Registered Agent

9/11/15
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.

x Mark Holden
Required Signature/Incorporator

9/11/15
Date