

P15000088035

(Requestor's Name)

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10/27

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**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: Home Renovations, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
305 Hidden Hollow Court  
Sanford, FL 32773

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business in Florida

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Salvatore Palmieri, President

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

Address 305 Hidden Hollow Court  
Sanford, FL 32773

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: Salvatore Palmieri  
Address: 305 Hidden Hollow Court  
Sanford, FL 32773

**ARTICLE VII INCORPORATOR**

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

Name: Salvatore Palmieri  
Address: 305 Hidden Hollow Court  
Sanford, FL 32773

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/19/15 (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*

Salvatore Palmieri 10/19/15  
Required Signature/Registered Agent 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.*

Salvatore Palmieri 10/19/15  
Required Signature/Incorporator Date