

P16000055473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

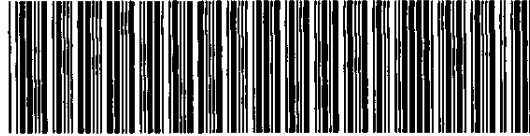
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/27/16--01021--026 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 27 PM 3:00

COVER LETTER

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

SUBJECT: A. S. Home Solution 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
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: Serge Lajoie
Name (Printed or typed)

3215 NE 7th Street
Address

Pompano Beach, FL, 33062
City, State & Zip

941-769-7143
Daytime Telephone number

sergelajoie3@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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 NAME

The name of the corporation shall be: S.A. Home Solution Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

624 Blackburn Boul.

3215 NE 7th Street

North Port, FL, 34287

Pompano Beach, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Residential construction and renovation.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Serge Lajoie

Name and Title: Alma Savard

Address: 3215 NE 7th Street
Pompano Beach FL 33062

Address: 3215 NE 7th Stree
Pompano Beach FL 33062

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 27 PM 3:00

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: Serge Lajoie
 Address: 3215 NE 7th Street
Pompano Beach, FL, 33062

ARTICLE VII INCORPORATOR

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

Name: Serge Lajoie
 Address: 3215 NE 7th Street
Pompano Beach, FL, 33062

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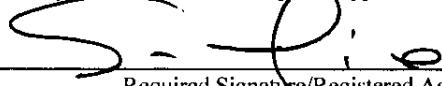
ARTICLE VIII EFFECTIVE DATE:

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

06/22/2016
 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

06/22/2016
 Date