

P16000078736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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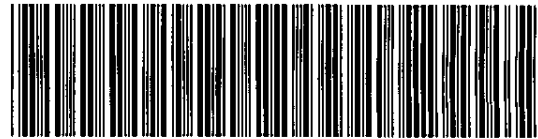
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 SEP 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING

SEP 27 2016

COVER LETTER

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

SUBJECT: TrueHome Repairs, 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: Daniel A Gurzi
Name (Printed or typed)
7235 Bonneval Road Suite 400
Address
Jacksonville Florida 32256
City, State & Zip
904-234-2053
Daytime Telephone number
dan@epmhoa.com
E-mail address: (to be used for future annual report notification)

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)

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ARTICLE I NAME

The name of the corporation shall be: TrueHome Repairs Inc. 2010 SEP 26 PM 2:54

ARTICLE II PRINCIPAL OFFICE

Principal street address

SEE LIST OF STATE
TAXES, Making address different is:

7235 Bonneval Road Suite 400

Jacksonville Florida 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide maintenance service to sellers and buyers of homes and
property at a competitive cost and to provide up front funds of repair expenses for buyers or sellers for a service fee.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eduardo Sanchez President

Name and Title: _____

Address 15395 Kennedy Ave

Address: _____

Fontana California, 92336

Name and Title: Daniel A Gurzi Vice President

Name and Title: _____

Address 7235 Bonneval Road Suite 400

Address: _____

Jacksonville Florida 32256

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: Daniel A Gurzi _____

Address: 7235 Bonneval Road Suite 400 _____

Jacksonville Florida 32256 _____

ARTICLE VII INCORPORATOR

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

Name: Daniel A Gurzi _____

Address: 7235 Bonneval Road Suite 400 _____

Jacksonville Florida 32256 _____

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2016 SEP 26 PM 2:54
TALLAHASSEE, FLORIDA

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

September 20, 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

September 20, 2016

Date