For ida Department of State
Dission of Corporations

Florida Department of State
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Electron Filing over Spect

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

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

Address:		_			
	Address:	Address:	Address:	Address:	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION American Home Services AFG INC.

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 Estimated Charge
 \$70.00

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Corporate Filing Menu

Heip

MAY 2 2 2017

T. SCOTT

COVER LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

AMERICAN HOME SERVICES AFG INC.

	~	m	F3 non	
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Capy & Certificate of	
		ADDITIONAL CO	Status OPY REQUIRED	
Char FROM:	les Lance			
FROM:	Nam	e (Printed or typed)		
701 1	Market Street, Suite 100			
		Address		
Saint	Augustine, FL 32802			
**************************************	City, State & Zip			
904-6	195-8421			
	Daytime 1	Celephone number		

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)

RTICLE II PRINCIPAL OFFICE Principal street			Mailing address, if diffe	erent is:
'01 Market Street, Suite 100			the state of the s	
Saint Augustine, FL 32802				
RTICLE III PURPOSE The purpose for which the corporation is	s organized is:	Hone	IMPROVEMS	ent
	** <u>***********************************</u>			
RTICLE IV SHARES the number of shares of stock is: RTICLE V INITIAL OFFICERS A	DED	<u>ORS</u>		19 An 8: 4
Name and Title:	LAZER 1	Name and	Fitle:	<u> </u>
	34471	73 SF Address:		
Name and Title:	-	Name and	Citle:	
		Address:		
- And the second se		Name and 1	Citie:	
Name and Title:				

	Name or	nd Title: Charles Lauce Name	and Title: DRUS
	Address	Med a correl	
		Erala fla 34471	
		<i>REGISTERED_AGENT</i> lorida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
	Name;	CT Corporation System	
	Address:	1200 South Pine Island Road	
		Plantation, FL 33324	
	<u>ARTICLE VII</u>	INCORPORATOR	
	The name and ac	diress of the Incorporator is:	
	Name:	Charles LANCE	
	Address:	1758 S.E. 771 5t	
		Ocala Fla 34471	
	ABTICI PIVITI	OPPROPRIED IN A TU.	
	Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
	filing.)	nte is listed, the date must be specific and expost be mo	re man five days prior or 50 days after the
	Note: If the date the document's ef	inserted in this block does not meet the applicable statutor fective date on the Department of State's records.	filing requirements, this date will not be listed as
	this certificate, I a	red as registered agent to accept service of process for the un familiar with and accept the appointment as registered o	igent and agree to act in this capacity
Ву:	C T Comporation	James H. Tanks III Required Signature Secretary	5(19 2017 Date
	I submit this docs	ment and affirm that the facts stated herein are true. I a	m aware that the false information submitted in g
	aocument to the L	Pepartment of State constitutes a third degree felony as pro	*ded for in a.817.155, F.S
	Remuse	ed Signsture/Incornogator	Dute