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COVER LETTER

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

SUBJECT: House Of 1/12	CHEIK O	FOR COIP				
SUBJECT: HOUSE OF METERS COOP. (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 S78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status				
ADDITIONAL COPY REQUIRED						
FROM: HOUAO, OB Illerteit Name (Printed or typed)						
1575 Paul Russell Rd unit 803						
Tallahasice City,	FL 323 State & Zip	501				
9545932945 Daytime Telephone number						
Shopilloc-1212 2010000 (074) 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)

The name of the corporation	on shall be: HOUDO	06]	- Hectrik	CUIP	
ARTICLE II PRINCI	PALOFFICE rincipal street address Quascoll, Ro		Mailing	address, if different	is:
Unit So:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	e IL 3230	1			
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is:				
				<u>.</u>	2017
				<u> </u>	FILE 1992
ARTICLE IV SHARE The number of shares of share		ECTORS		<u>2</u> .	98.6.11.88 PB 11.088
	Gurgeous Be		Name and Title:	LEO	
Address	157 SPaul P				
	Tallahoscie f	32301			
Name and Title	· <u>-</u>		Name and Title:	<u></u>	
Address			Address:		
Name and Title			Name and Title:		
Address				· · · · · · · · · · · · · · · · · · ·	
					

Name and T	itle:	Name and Title:	
Address		Address:	
ARTICLE VI RE	<u>GISTERED AGENT</u> ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
	Surgeon Berolon		
	1575 Paul Rusell		
	Unit 803		
ARTICLE VII <u>IN</u>	SCORPORATOR		
	ress of the Incorporator is:		
Name:	Gurgeous Bridge	مك	
Address:	Gurgeous Briolog		
	Jallahase, II	<u>34</u> 301	
ARTICLE VIII 1	EFFECTIVE DATE:	(ODTIONAL)	
Effective date, if o (If an effective da filing.)	ther than the date of filing: te is listed, the date must be specific and car	nnot be more than five days prior	r or 90 days after the
Note: If the date it the document's eff	nserted in this block does not meet the applica fective date on the Department of State's recor	ble statutory filing requirements, tl ds.	his date will not be listed as
Having been nam this certificate: Ta	ed as registered agent to accept service of pro m familiar with and decept the appointment as	cess for the above stated corporati s registered agent and agree to act	on at the place designated in in this capacity
			8-28-2017
	Required Signature/Registered Agent		Date
I submit this docu) iment and affirm that the facts stated herein Separtment of State constitutes a third degree f	are true. I am aware that the fals clony as provided for in s.817.155,	e information submitted in a F.S.
			S-25-2017
Requir	ed Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date

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