

P18000047768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

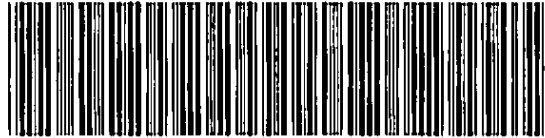
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

MAY 25 2018

T. SCOTT



300313389543

05/24/18--01023--004 \*\*78.75

FILED  
2018 MAY 24 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** HT-Install Management Co.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Kathleen Diedrich  
\_\_\_\_\_  
Name (Printed or typed)

1250 Barclay Blvd  
\_\_\_\_\_  
Address

Buffalo Grove, IL 60089  
\_\_\_\_\_  
City, State & Zip

(877) 894-0073  
\_\_\_\_\_  
Daytime Telephone number

david@ht-install.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)

ARTICLE I NAME

The name of the corporation shall be: HT-Install Management Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1845 SW 4th Ave. #A1-A3

Delray Beach, FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to act as a management company

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Arango, Director

Name and Title:

Address: 1845 SW 4th Ave. #A1-A3

Address:

Delray Beach, FL 33444

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED  
2018 MAY 24 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: David Arango  
Address: 1845 SW 4th Ave. #A1-A3  
Delray Beach, FL 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Arango  
Address: 1845 SW 4th Ave. #A1-A3  
Delray Beach, FL 33444

**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 days prior or 90 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*

David Arango  
Required Signature/Registered Agent

5/18/18  
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.*

David Arango  
Required Signature/Incorporator

5/18/18  
Date