

PI8000062622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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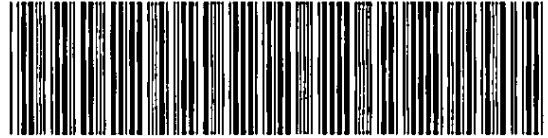
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JUL 17 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 19 2018

K. Brumbley

COVER LETTER

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

SUBJECT: HONESTY HOMES, 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 ☒ \$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: JULIO ROMAN
Name (Printed or typed)

1119 CAMBOURNE DR
Address

KISSIMMEE FL34758
City, State & Zip

321-746-0262
Daytime Telephone number

HONESTTOUCHSERVICES@YAHOO.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: HONESTY HOMES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1119 CAMBOURNE DRIVE

KISSIM MEE FL 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NEW CONSTRUCTION OF RESIDENTIAL SINGLE FAMILY DWELLINGS

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIO ROMAN PRESIDENT

Name and Title: JARITTA BAEZ, SECRETARY

Address 1119 CAMBOURNE DR

Address: 1119 CAMBOURNE DR

KISSIMMEE FL 34758

KISSIMMEE FL34758

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

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: JULIO ROMAN _____

Address: 1119 CAMBOURNE DR _____

KISSIMMEE FL 34758 _____

ARTICLE VII INCORPORATOR

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

Name: JULIO ROMAN _____

Address: 1119 CAMBOURNE DR _____

KISSIMMEE FL34758 _____

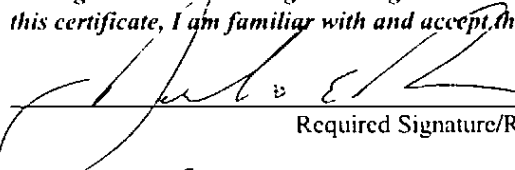
ARTICLE VIII EFFECTIVE DATE:

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

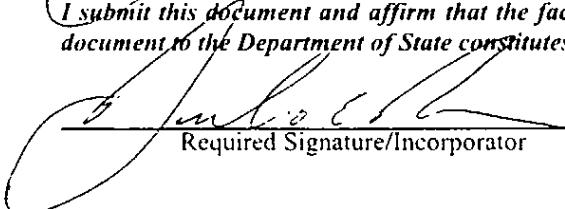


Required Signature/Registered Agent

7-6-18

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.



Required Signature/Incorporator

7-6-18

Date