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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #j		
PICK-UP	WAIT	MAIL		
(Bu	rsiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

W19000004526

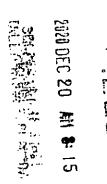
CRES AD

T. SCOTT



500336769795

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December 6, 2019

ARMAKER HORNE 9625 WAYNESBORO AVE JACKSONVILLE, FL 32208

SUBJECT: A. HORNE RENTALS Ref. Number: W19000104526

We have received your document for A. HORNE RENTALS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

-www.sunbiz.org

Letter Number: 219A00024733

The state of the s

COVER LETTER

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

SUBJECT: A. Horne	Rent	tals inc				
(PROPOSE	D CORPORATE!	NAME – <u>MUST INC</u> I	LUDE SUFFIX)			
Enclosed are an original and one (1) co	py of the articles	s of incorporation as	nd a check for:			
\$70,00 \$78,75 Filing Fee Filing Fee & Certificate of		\$78.75 Filing Fee & Certified Copy ADDITIONAL C	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED			
FROM: Armaker Horne						
	Name (Pr	inted or typed)				
9625 W	laynes bo	oro que	2			

Jackson ville FL 32208 City, State & Zip

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 corpora	tion shall be: A , Horne K	Centals	INC.		
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if diffe	rent is:	
9625 Way	mesboro que				
Jacksoni	lle, FL 32208				
	he corporation is organized is: 1 h15	, ,	T T	V	> =
15 to en	gage in any Law	i ac	+1 v 1 + t e 5 1	<u> </u>	•
	orporations may		ormed, 90	cordu	<u> 19</u> _
70 7 <i>n</i> c	Laws of The	<u> JIYTC</u>			
<u> </u>					
ARTICLE IV SHAR. The number of shares of	es stock is: <u>Common</u> Stock/	Voting &	Rights) 10,000,	000 Sh	1910S
	LOFFICERS AND/OR DIRECTORS		4 1	/	
Name and Title	: Armoker Horne / President	Name and Title	: Armaker Hori	re/500	<u>e-19-1</u>
	9625 Wymesboro que		9625 warnest		
	Jacksonville, FL 3220	3	Jacksonule,	.FL 32	<u> 208</u>
			•		
Name and Title	:Armoker Horse/Treasurer	Name and Title	<u>:</u>		
	9625 Wayneshoro que		75	2020	
	Jacksonville, FL 32208)30 O	
				20	
			17 Sept.		<u> </u>
Name and Title	: <u></u>	Name and Title	: <u>R-so</u>	E	<u></u>
Address	· · · · · · · · · · · · · · · · · · ·	Address:		ဟ	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No. 1)	
Name: Armaker th	
Address: 9625 Waynes bo	ro que
Jacksonville, H	_ 32268
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Armaker Ho	orne
Address: 9625 Wgines	shoro que
Name: Armaker Ho Address: 9625 Wgines Jacksonville H	FL 32208
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	ecific and cannot be more than five days prior or 90 days after the
<u>Note:</u> If the date inserted in this block does not me the document's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be listed as 'State's records.
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap	service of process for the above stated corporation at the place designated i ppointment as registered agent and agree to act in this capacity
	11/11/19
Required Signature/Regi	stered Agent Date
I submit this document and affirm that the facts s document to the Department of State constitutes a t	stated herein are true. I am aware that the false information submitted in third degree felony as provided for in s.817.155, F.S.
	11/11/19
Required Signature/Incorporator	Date

 $(x_1, \dots, x_n) \in \mathcal{X}_{n+1} \times \dots \times \mathcal{X}_{n+1}$