Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972

: (917)243-5843 Fax Number

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION R&M Home Development USA Inc.

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	REM Home Development USA Inc.			
ARTICLE II PRINC 556 17th Ave S Naples	Principal street address			Vailing address, if different is: Ave S Naples FL 34102
	SE ne corporation is organized is UILD HOUSES / COMMERC			ing, including handyman and light const
MARKET, SELL HOU			<u> </u>	
		 		
ARTICLE IV SHARI The number of shares of ARTICLE V INITIA	stock is:			. Atailus Managas Gas Tanas I Di
Name and Title	556 17th Ave S Naples FL 3			Marilyn Magnussen Scc, Treas, and Dir 556 17th Ave S Naples FL 34102
Name and Title:		Name	and Title:	
Address		Addr	e9s: .	
Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name	and Title:	
Address		Addr	ess:	<u> </u>
				

Name and	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Richard Magnussen 556 17th Ave S Naples FL 34102	
Address:		
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	Debra Lewis-Mahon	
Address:	14205 SE 36TH ST STE 100	
7 - 2 - 11 - 12 - 12 - 12 - 12 - 12 - 12	BELLEVUE, WA 98006	
Effective date, if (If an effective of days after the fi Note: If the date	ling.)	(OPTIONAL) t be more than five business days prior or 90 business statutory filing requirements, this date will not be listed as
	am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
<i>/</i>	E. F.	05/19/2021
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
(- Dage Minn	05/13/2021
Requ	ired Signature/Incorporator	Date