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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
INVESKO HOME INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED

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FLORIDA DEPARTMENT OF STATE
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2021 APR -8 PM 9:51

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Electronic Filing Menu

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Help

H 220001119343

COVER LETTER

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

SUBJECT: INVESKO HOME 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FABIO QUIROGA

Name (Printed or typed)

11420 SANDY HILL DR

Address

ORLANDO , FL 32821

City, State & Zip

407-449-3708

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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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: INVESKO HOME INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11420 SANDY HILL DR

11420 SANDY HILL DR

ORLANDO , FL 32821

ORLANDO , FL 32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address FABIO QUIROGA

Address: _____

11420 SANDY HILL DR

ORLANDO , FL 32821

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: FABIO QUIROGAAddress: 11420 SANDY HILL DRORLANDO , FL 32821**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: FABIO QUIROGAAddress: 11420 SANDY HILL DRORLANDO , FL 32821**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_____
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_____
Date

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