

7/10/23, 1:07 PM

Division of Corporations

Florida Department of State  
**P23000051200**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000241155 3)))



H230002411553ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
 Account Number : I20000000146  
 Phone : (305)444-4994  
 Fax Number : (305)328-4774

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

Email Address: \_\_\_\_\_

FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FL

2023 JUL 10 PM 2:50

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 HOME BUILDER EVOLUTION INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 JUL 10 PM 1:50

FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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: HOME BUILDER EVOLUTION INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
29485 SW 177 CT  
HOMESTEAD, FL 33030

Mailing address, if different is:  
29485 SW 177 CT  
HOMESTEAD, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MILENA RAMOS PEREZ - P

Name and Title:

Address 29485 SW 177 CT  
HOMESTEAD, FL 33030

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2023 JUL 10 PM 2:50  
TALAHASSEE, FL

FILED

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: MILENA RAMOS PEREZ  
 Address: 29485 SW 177 CT  
HOMESTEAD, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MILENA RAMOS PEREZ  
 Address: 29485 SW 177 CT  
HOMESTEAD, FL 33030

**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*

*[Signature]*

\_\_\_\_\_  
 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.*

*[Signature]*

\_\_\_\_\_  
 Required Signature/Incorporator

\_\_\_\_\_  
 Date

FILED  
 2023 JUN 10 PM 2:00  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FL