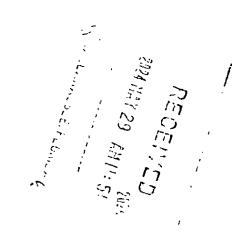
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	(Requestor's Name)	<u> </u>		
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL MAIL		
 _	(Business Entity Name)	· <u>-</u>		
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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COVER LETTER

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

SUBJECT: Mobile Home nstallation Inc (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Name (Printed or typed)

1940 Crowehurst Auc
Address

Winter Corden 4:34787

City, State & Zip

321 699-837/

Daytime Telephone number

dand 689@ 9 mail: Con

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 corporation	n shall be: Mobile he	ome Inst	-allation Inc
ARTICLE II PRINCIP 12940 GPT WI IN FOX	ALOFFICE incipal street address OVE huyst Ale ander 1 3478	7 =	Mailing address, if different is:
ARTICLE III PURPOSA The purpose for which the Business	E corporation is organized is: AN (Mobile horn	y and e usfall	All (aw Rul ation)
ARTICLE IV SHARES The number of shares of sto ARTICLE V INITIAL	ck is: <u>(00</u>		
Address	OFFICERS AND/OR DIRECTORS Dhaneshway D. 940 Growhunst Inter Garden 241787	eo Nane and Title: Address:	Plesident 1
		Address:	
		Name and Title:	
_			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	ay NOT acceptable) of the registered agent is:
Address: 12940 510	we harst Ave
Minter C	woi Demarine rue hurst Ave Torden 11.34787
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
	was Deconorine
Address: 12940 GI	ovehurst Ave
lalinter (Garden P1.34787.
ARTICLE VIII EFFECTIVE DATE:	5/29/24 (OPTIONAL)
	be specific and cannot be more than five days prior or 90 days after the
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	ent of State's records.
	ept service of process for the above stated corporation at the place designated in this appointment as registered agent and agree to act in this capacity
The state of the s	
Required Signature	/Registered Agent Date
	facts stated herein are true. I am aware that the false information submitted in a test a third degree felony as provided for in s.817.155, F.S.
ancument to the Department of State constituti	es a mu a aegree jeiony as provided for in 8.017.155, P.S.
Required Signature/Incorporator	Date