

P95000015055

TRANSMITTAL LETTER

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

FILED
95 FEB 21 AM 9
SECRETARY OF STATE
TALLAHASSEE, FL 32314
70000015055
-02/22/95 01050-024
***131.25 ***131.25

SUBJECT: HOME SERVICE REFERRAL NETWORK, INC.
(Proposed corporate name - must include suff.x)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

MIKE Mc MANIGAL

Name (printed or typed)

2110 N.W. 93rd AVE.

Address

PEMBROKE PINES, FL 33024

City, State & Zip

(305) 983-0350

Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
95 FEB 21 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Home SERVICE REFERRAL NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2110 NW 93rd AVE.
Pembroke PINES, FL 33024

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIANNE McMANIGAL
9440 NW 23rd St.
Pembroke PINES, FL 33024

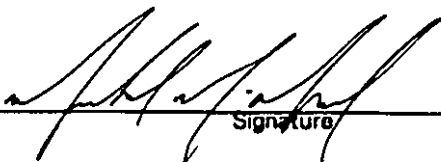
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mike McMANIGAL
2110 NW 93rd Ave
Pembroke Pines, FL 33024

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of JANUARY, 1995.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Home SERVICE REFERRAL NETWORK, INC.

2. The name and address of the registered agent and office is:

Marianne McManigal

(Name)

9440 NW 23rd Street

(P.O. Box not acceptable)

Pembroke Pines, FL 33024

(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marianne McManigal
(Signature)

January 5, 1995
(Date)