P9700041373

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

SUBJECT: 140A	M-FAB MANAGEME	POT CO., JNC	e suffix)	_	
		•	900002157 -04/29/97 *****78.75	76799 01021012 ******78.75	
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		
		ADDITIONAL CO	PY REQUIRED		
FROM: Homero Ureste Name (Printed or typed)					
423 West Church ST. #4 ACC # T					
	ORlando, FLI	ORIDA 328 State & Zip	<u>to /</u>	- E	
`^Q\s	407-841-00 Daytime T	4 Z elephone number	ORiDA	D MHH: 02	

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 1, 1997

HOMERO URESTE 423 WEST CHURCH STREET SUITE #4 ORLANDO, FL 32801

SUBJECT: HOM-RAB MANAGEMENT CO. INC.

Ref. Number: W97000010040

We have received your document for HOM-RAB MANAGEMENT CO. INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Calloway Document Specialist

Letter Number: 097A00022775

TO: FLORIDA DEPARTMENT
OF STATE
Power Of Attorney for the Immediate Use of Administratively
Immediate Use of Administratively
Dissolved Entity.
As per Florida statute section 607.0120 We, HOMFAB Management Corp., on
We, HOMFAB Management Corp., on
Homer theste on the ex-registered Agent
and as the ex-principle of the administratively dissolved entity,
hereby permit the immediate assumption of any variation of the above named
administratively dissolved entity.
Signoture of Ex-registered Azent
Hamer Cheste
Signature of Ex-Principle
FDL U633300 48 18 30 48 18 30 FFDE ATLANTIC BONDING CO., INC.

FDL U633320481820

5-6-97

Articles of Incorporation

Afficies of Incorporation
1. The name of the corporation shall be: HOM-FAB MANAGEMENT Co., Inc. 2. The principal place of business and mailing address of the corporation is:
HOM-FAB MANAGEMENT Co., Inc.
2. The principal place of business and mailing address of the corporation is:
423 West Church Street #4
3. The corporation shall have the authority to issue shares of stock.
4. The registered agent of the corporation is HOMERO URESTE and the registered street address is 423 West Church St. #4 Orlando
Florida 32801
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Homero Ureste - 423 West Church St. Orlando, FL. 32801 Fabiola Ureste - 423 West Church St. #4 Orlando, Fl. 32801
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is Homero Ureste whose street address is 631 North Semoran Blvd. Orlando, Florida 32807
Dated April 17th 1997 Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated April 17th, 1997

Registered Agent