# 97000091784

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

000002327630--2 -10/23/97--01052--006 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:

Home 1.2.3 Corp

(Proposed corporate name - must include suffix)

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** 

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Deborah A. Wisnowski, Esq.

Name (Printed or typed)

700 13th Street, N.W., Suite 800

Washington, D.C.

20005

City, State & Zip

Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

# ARTICLE I NAME

The name of the corporation shall be:

Home 1.2.3 Corp.

### ARTICLE II PRINCIPAL OFFICE

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

13000 Sawgrass Village Court, Ponte Vedra, Florida 32082

# ARTICLE III SHARES

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

1,000,000 shares, no par, common stock

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

C T Corporation System 1200 South Pine Island Road Plantation, FL 33324

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Deborah A. Wisnowski, Esq. 700 13th Street, N.W., Suite 800 Washington, D.C. 20005

Signature/Incorporator

10/23/97 Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated i this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit 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

Signature/Registered Agent

ASST , SEC

Date