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COVER LETTER

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

SUBJECT: H	OMEDIO SELVICE ! "! (PROPOSED CORPORA	FJAX INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
	Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificaté of Status
FROM: _	Henry A Colind	e (Printed or typed)	
_	3841 Spring Par	K Rå	
_	Jacksonville FL		
	City,	State & Zip	

(904)-450-9024

Daytime Telephone number

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

henry Colindres 80@amail. Com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

		.es_0FJa			
RTICLE II PRINCII	Principal street address Haspinay Park Rd ACKSON IIIE FL 32201		ailing address, if d	ifferent is:	
18 -11 Spring po	<u>x: 5 KO</u>		- -		
Jackson Ville	FL 32201		<u>.</u>		-
TICLE III PURPOS		Form hen	ovations	<u>on</u>)
Residential	Properties.	_			;
	<u>.</u>		. <u> </u>		
				 .	-
	. <u> </u>				.?
					i
	OFFICERS AND/OR DIRECTORS				
Name and Title:	OFFICERS AND/OR DIRECTORS Henry A COLLAGES, COO	lame and Title:_			
Name and Title: Address	OFFICERS AND/OR DIRECTORS Henry A COLLAGED, COO 3841 Spring Rack Rd	Vame and Title:			
Name and Title: Address	OFFICERS AND/OR DIRECTORS Henry A COLLAGES, COO	lame and Title:_ Address:			
Name and Title: Address	OFFICERS AND/OR DIRECTORS Henry A COLLAGED, COO 3841 Spring Rack Rd	Address:			-
Name and Title: Address	OFFICERS AND/OR DIRECTORS Henry A COUNTED, COO 3841 Spring Rark Rd Jackson Ville FL 32207	Address:			
Name and Title: Address Name and Title: Name and Title:	OFFICERS AND/OR DIRECTORS Henry A COUNTED, COO 3841 Spring Rark Rd Jackson Ville FL 32207	Address:			
Name and Title: Address Name and Title: Address Address	OFFICERS AND/OR DIRECTORS Henry A COUNTED, COO 3841 Spring Rark Rd Jackson Ville FL 32207	Address:			
Name and Title: Address Name and Title: Address Address	OFFICERS AND/OR DIRECTORS Henry A COUNTRY, COO 3841 Spring Rark Rd Jackson Ville FL 32207	Address: Name and Title:_ Address: —			
Name and Title: Address Name and Title: Address Name and Title: Address	OFFICERS AND/OR DIRECTORS Henry A COUNTRY, COO 3941 Spring Rark Rd Jacksonville FL 32201	Address: Name and Title: Address: Name and Title:			
Name and Title: Address Name and Title: Address Name and Title: Address	OFFICERS AND/OR DIRECTORS Henry A COUNTRY, COO 3841 Spring Rark Rd Jackson Ville FL 32207	Address: Name and Title: Address: Name and Title:			

Name and Title:	Name and Title:		
Address	Address:		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name: Address: 3847 Spr.	1 m/a = 5		1
32202 Jac	na Fork Rd	;	
ARTICLE VII INCORPORATOR			ار
The name and address of the Incorporator is:		ı	
Name: Heary A coin	dres, Owner		
Address: 3847 Spring			
jucksonville FL			
filing.)	specific and cannot be more than five days prior or 9 neet the applicable statutory filing requirements, this day		s
Having been named as registered agent to accept s	service of process for the above stated corporation at the pointment as registered agent and agree to act in this capa	place designated in th	ıis
Required Signature/Reg	gistered Agent	Date	
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that the false infore third degree felony as provided for in s.817.155, F.S.	rmation submitted in	а
Required Signature/Incorporator	•	21/25	

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