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TRANSMITTAL LETTER

FILED

02 APR 29 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: **UNIVERSAL HOME INSPECTION OF SARASOTA, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700005369657--4

-04/29/02--01091--011

*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **ALAN F. CULLIGAN**

Name (Printed or typed)

1662 SUMMER BREEZE WAY

Address

SARASOTA, FLORIDA 34232

City, State & Zip

941-342-0993

Daytime Telephone number

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

CBS-3

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

UNIVERSAL HOME INSPECTION OF SARASOTA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**1661 SUMMER BREEZE WAY
SARASOTA, FLORIDA 34232**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME INSPECTIONS

ARTICLE IV SHARES

The number of shares of stock is:

100,000 (ONE HUNDRED THOUSAND)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ALAN F. CULLIGAN, PRESIDENT, TREASURER

**1662 SUMMER BREEZE WAY
SARASOTA, FLORIDA. 34232**

CHRISTINE R. CULLIGAN, VICE PRESIDENT, SECRETARY

**1662 SUMMER BREEZE WAY
SARASOTA, FLORIDA 34232**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ALAN F. CULLIGAN

**1662 SUMMER BREEZE WAY
SARASOTA, FLORIDA. 34232**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALAN F. CULLIGAN

**1662 SUMMER BREEZE WAY
SARASOTA. FLORIDA. 34232**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Alan F. Culligan

Signature/Registered Agent

4/25/02

Date

Alan F. Culligan

Signature/Incorporator

4/25/02

Date

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**