# 1040008889/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



900037534409

06/07/04--01013--020 \*\*78.75

2004 JUN -7 P 3: 59
SECRETARY OF STATE

## TRANSMITTAL LETTER

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

SUBJECT: 1 FL	ORIDA HOME INSPECTOR		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
<b>—</b>	<b></b>		
<b>□</b> \$70.00	<b>☑</b> \$78.75	\$78.75	<b>\$87.50</b>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM: E	DWIN PEREZ		
	Name	(Printed or typed)	
	265 CELLO ST		
		Address	
	DAVENPORT, FL 33896		
	City,	State & Zip	
	407-928-7829		
	Daytime T	elenhone number	<del></del>

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

# 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:

1 FLORIDA HOME INSPECTORS INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 265 CELLO ST, DAVENPORT FL 33896

## 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

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): EDWIN PEREZ -PRESIDENT ELIZABETH HERNANDEZ- VICE PRESIDENT

# ARTICLE VI REGISTERED AGENT

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

EDWIN PEREZ 265 CELLO ST DAVENPORT, FL 33896

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDWIN PEREZ 265 CELLO ST DAVENPORT, FL 33896

Signature/Incorporator

FLORIE

Date