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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2004 JUL 12 PM 3: 47
TALLAHASSEE FLORIDA

SUBJECT: <u>(</u>	Castle Pro C	orporatio.	n
	(PROPOSED CORPORA	TENAME - MUSTINGE	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Shawn Rygn	_	
-	19239 Autur		
-	Tampa, FL City, 8/3-382-8	•	067
-		elephone number	

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

We, the undersigned, of full age, for the purpose of forming a corporation under and pursuant to the provisions of Florida Statutes, Chapter 607 and/or 621 F.S., do hereby associate ourselves as a body corporate and adopt the following Articles of Incorporation:

ARTICLE I.

The name of the corporation is: Castle Pro Corporation.

ARTICLE II.

The principal place of business and mailing address is: 19239 Autumn Woods Avenue, Tampa, FL, 33647-3067.

ARTICLE III.

The purpose of the corporation is to offer home inspection and related services.

ARTICLE IV.

The corporation is authorized to issue an aggregate total of 100 shares of stock.

ARTICLE V.

The Directors/Officers are identified as the following: Shawn Ryan President/Treasurer Jeanine Alton Ryan Vice President/Secretary

ARTICLE VI.

The Registered Agent is: Shawn Ryan, 19239 Autumn Woods Avenue, Tampa, FL, 33647-3067.

ARTICLE VII.

The Incorporator is: Shawn Ryan, 19239 Autumn Woods Avenue, Tampa, FL, 33647-3067.

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.

Signature/Registered Agent

ShawnRyan

Signature/Incorporator

Shawn Ryan

<u>07</u>

Date

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