

P05000085460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

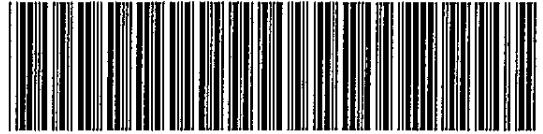
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 13 AM 7:46

D. Brown JUN 15 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** Appex Property Inspections, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Shawn Lawrence Smith

Name (Printed or typed)

10777 W. Sample Rd. Unit #610

Address

Coral Springs, FL 33065

City, State & Zip

954-548-1450

Daytime Telephone number

**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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Apex Property Inspections, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10777 W. Sample Rd. Unit # 610  
Coral Springs, Fl 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

**ARTICLE IV SHARES**

The number of shares of stock is:

25

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Shawn Lawrence Smith, President  
10777 W. Sample Rd. Unit # 610  
Coral Springs, FL 33065

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Shawn Lawrence Smith  
10777 W. Sample Rd Unit # 610  
Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Shawn Lawrence Smith  
10777 W. Sample Rd. Unit # 610  
Coral Springs,FL 33065

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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

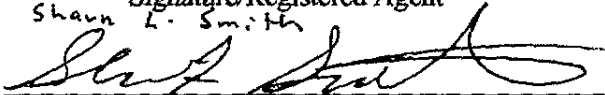


Signature/Registered Agent

Shawn L. Smith

6-3-05

Date



Signature/Incorporator

Shawn L. Smith

6-3-05

Date