## P06000107605

(Requestor's Name)				
(Address)				
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PICK-UP WAIT	MAIL .			
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

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

SUBJECT: Professional Engineering Inspection Consultants, Inc.

\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status  \$78.75 \$\sum \\$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	icrosed are an original and one (1) copy of the articles of incorporation and a check for:			
		Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

FROM: _	RICHARD O. KINKEAD
	Name (Printed or typed)
	5080 NW 125 AVENUE
	CORAL SPRINGS, FL 33076 City, State & Zip
	(954)224-9034
	Daytime Telephone number

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

ces,

ARTICLES OF INCORPORATION	06 AUG 17 PM 2: 13
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	And the second s
4	SECHETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE I NAME	•
The name of the corporation shall be:	- Consultants, Inc.
Professional Engineering Inspecti	bri College
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
5080 NW 125TH Avenue	
Coral Springs, FL 33076	
ARTICLE III PURPOSE	
	•
The purpose for which the corporation is organized is:  Provide Professional Engineering	Consulting Services
Provide Propession digens	•
ARTICLE IV SHARES	
The number of shares of stock is:	
One Hundred Thousand	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
	· 51 22076
5080 NW 125TH Avenue, Coras opi	rings, FL 33010
Gloria E. Kinkead, Director 5080 NW 125TH Avenue, Coral	. 51 23076
5080 NW 125TH Avenue, Coral	Springs, FL 33
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the reg	gistered agent is:
Richard O. Kinkead	
= 00 RIVE 125TH AVENUE	
Coral Springs, FL 33076	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Richard O. Kinkead 5080 NW 125TH Avenue Coral Springs, FL 33076	,
5080 NW 125TH Avenue	
Coral Springs, FL 33076	********
Having been named as registered agent to accept service of process for the above stated	
certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity
	0/11/0/
Signatura/Paristand A cont	- AITIUD
Signature/Registered Agent	Ol Wo
1. O. Hinhe	_8/14/U6
Signature/Incorporator	Date