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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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FLORIDA PROFIT/NON PROFIT CORPORATION

all state complete home inspections inc

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**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:

**ALL STATE COMPLETE HOME INSPECTIONS INC**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

13800 SW 174 STREET  
MIAMI FLORIDA 33177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THIS STATE.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100 SHARES WITH A PAR VALUE OF \$1.00 PER SHARE.**

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

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

**FABIO LAVERDE-PRESIDENT  
13800 SW 174 STREET  
MIAMI FLORIDA 33177**

**ARTICLE VI REGISTERED AGENT**

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

**FABIO LAVERDE  
13800 SW 174 STREET  
MIAMI FLORIDA 33177**

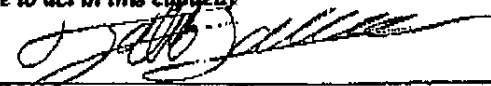
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**FABIO LAVERDE-PRESIDENT  
13800 SW 174 STREET  
MIAM FLORIDA 33177**

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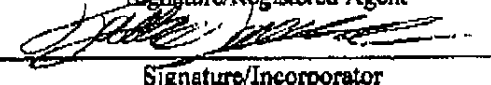
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

x 

08/31/09

Signature/Registered Agent

Date

x 

08/31/09

Signature/Incorporator

Date

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