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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: NATIONAL ASSOCIATION OF HOME INSPECTORS, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CLAUDE E. MC GAVIC
Name (Printed or typed)

4426 5TH STREET W
Address

BRADENTON, FL 34207
City, State & Zip

941-462-4262
Daytime Telephone number

claude@nahi.org
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: NATIONAL ASSOCIATION OF HOME INSPECTORS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4426 5TH ST W

Mailing address, if different is:

BRADENTON, FL 34207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ORGANIZE A BUSINESS LEAGUE TO JOIN, ASSOCIATE AND ADVANCE MATTERS OF COMMON
INTEREST OF HOME INSPECTORS AND OTHERS INVOLVED IN THE HOME INSPECTION PROCESS, AND TO OBTAIN AND PROVIDE
MATTERS OF EDUCATION, BENEVOLENCE, FRATERNAL, SOCIAL, ECONOMIC, BUSINESS AND REFORMATORY BENEFITS
TO ITS MEMBERS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BY MAJORITY VOTE OF MEMBERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CURTIS S. NILES, DIRECTOR, PRESIDENT

Address: 7101 WAYNE AVENUE
UPPER DARBY, PA 19082

Name and Title: MICHAEL HOLMES, DIRECTOR, SECRETARY

Address: 5891 PICAM
JACKSON, MI 49201

Name and Title: FORREST A. LINES, DIRECTOR, VICE PRESIDENT

Address: 146 NORTH HAMILTON RD., PMB189
GAHANNA, OH 43230

Name and Title:

Address:

Name and Title: WILLIAM DARE, DIRECTOR, TREASURER

Address: PO BOX 75
PERKIOMENVILLE, PA 18074

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CLAUDE E. MC GAVIC

Address: 4426 5TH STREET W

BRADENTON, FL 34207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAUDE E. MC GAVIC

Address: 4426 5TH STREET W

BRADENTON, FL 34207

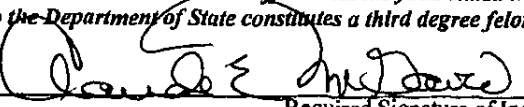
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

Feb 25, 2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

Feb 25, 2013
Date