P00010395

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

300003452833--8
-11/06/00--01066--001
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CSI HOME INSPECTIONS, INC.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

FILED
00 NOV -6 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☑ Walk in ☒ Pick up time 2.00 ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

11/6

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

DIVISION OF CORPORATION
00 NOV -6 AM 11:13
RECEIVED

Examiner's Initials	

CR2E031(9/92)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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00 NOV -6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CSI Home Inspections, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11900 SW 53 Place
Cooper City FL, 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell Inspection Service
To Home buyers.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ $1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): MARK FATTA.
11900 SW 53 PL
Cooper City, FL 33330

Cheryl Fatta
11900 SW 53 PL
Cooper City, FL 33330

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

MARK FATTA
11900 SW 53 Place
Cooper City, FL 33330

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

MARK FATTA
11900 SW 53 PL
Cooper City, FL 33330

****

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

M-K Fatt
Signature/Registered Agent

10/23/00
Date

M-K Fatt
Signature/Incorporator

10/23/00
Date