

TRANSMITTAL LETTER

PO1000036465

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

SUBJECT: CARE PROFESSIONAL Home Inspections

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003963285--1

-04/06/01--01036--003

*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: EDUARDO FERNANDEZ
Name (Printed or typed)

10441 NW 28 ST. #103
Address

MIAMI FLA. 33172
City, State & Zip

(305) 593-2220 (305) 218-6675
Daytime Telephone number

FILED
01 APR -6 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Eduardo Fernandez GAVE
AUTHORIZATION BY PHONE TO
CORRECT A22 SUFFIX
DATE 4-11
DOC. EXAM CB

CB 4-11
W018123

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:

Care Professional Home Inspections Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10441 NW 28 Street, Unit 103
Miami, Fl 33172**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Home Inspections

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Eduardo Fernandez, President
10441 NW 28 Street, Unit 103
Miami, Fl 33172**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Eduardo Fernandez
10441 NW 28 Street, Unit 103
Miami, Fl 33172**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Eduardo Fernandez
10441 NW 28 Street, Unit 103
Miami, Fl 33172

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_____
Date_____
Signature/Incorporator_____
Date

FILED

01 APR -6 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/2/01

4/2/01