## POIOOOO 55353

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

2**000043264**22——3 -05/29/01--01155—006 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

		<del></del>				
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check fo	r:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Cer Status	Fee, ied Cop tificate	of	
FROM:		JANKOWSKI' inted or typed)				
	13215 Citrus 9	ddress	<u></u>			
	<u>S61-333-4</u>	Seacl Fl 33 tate & Zip 870 ephone number	·412_	SECRETARY OF STATE TALLAHASSEE, FLORIDA	01 MAY 29 PM 1:59	

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

86/5

ARTICLE I NAME	
The name of the corporation shall be:	
A complete Home inspection, INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
13215 citros grove Biol wpB F1 33412 AFF 133412	
ARTICLE III PURPOSE	
The principal place of business/mailing address is:  13215 Litrus grove Bird wpb F1 33412  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	•
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  DANIEL PAUL JANKOWING 13215 CITING GROW BLOW  WPB F1 33412	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Daniel Paul Jankowski 13215 Citrus grove aluk WPB F1 33412	
**************************************	
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	S
Signature/Registered Agent $\frac{5/21/01}{\text{Date}}$	
D/OW 5/21/01	
Signature/Incorporator Date	

ARTICLES OF INCORPORATION

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