# POLOGOOYOU 19 TRANSMITTAL LETTER FILED

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 02 APR -8 PM 1: 42

SECRE AND STATE TALLAHASSEE, FLORIDA

SUBJECT: 11P 10P LNSPECT	TON SERVICE	=, /NC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	<del></del>
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	李安安安安79 "	01065014
\$70.00 \$78.75  Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: LETCHER E B	Printed or typed)	· ·	
539/ SW9/AVE	NUE ddress	<u> </u>	. •
MIAMI, FL 33/6	65 State & Zip	<u> </u>	· <u>"\</u>
786-236-11. Daytime Tel	45 lephone number	<u> </u>	

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

## ARTICLES OF INCORPORATION

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

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02 APR -8 PM 1:43

NAME

The name of the corporation shall be:

SEGNETARI OF STATE TALLAHASSEE, FLORIDA

TIP TOP INSPECTION SERVICE, INC.

### PRINCIPAL OFFICE

The principal place of business/mailing address is:

5391 SW 91 AVENUE MIAMI, FL 33165

The purpose for which the corporation is organized is:

HOME INSPECTIONS

#### ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

LETCHER E. BEAM 5391 SW 91 AVENUE MIAM1, FL 33165

# REGISTERED AGENT

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

LETCHER E. REAM 5391 SW 91 AVENUE MIAMI, FL 33165 ARTICLE VII INCORPORA INCORPORATOR

The name and address of the Incorporator is:

LETCHER E. REAM 5391 SW 91 AVENUE

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/Incorporator