

## TRANSMITTAL LETTER

P02000045185

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

400005309574--7  
 -04/19/02--01088--020  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: T. Joseph and Associates, 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 of  
 Status

ADDITIONAL COPY REQUIRED

FROM: Timothy Krise  
 Name (Printed or typed)

5100 DuPont Blvd. 9-F  
 Address

Fort Lauderdale, Fl. 33308  
 City, State & Zip

(954) 801-3859  
 Daytime Telephone number

FILED  
 2002 APR 19 AM 10:20  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

13  
 4/25/02

**ARTICLES OF INCORPORATION**

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

**FILED**

2002 APR 19 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

T. Joseph and Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8317 W. Atlantic Blvd.

Coral Springs, Fl. 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Home Inspection

**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):

**ARTICLE VI REGISTERED AGENT**

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

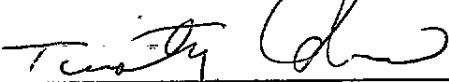
Timothy Krise  
5100 DuPont Blvd. 9-F  
Fort Lauderdale, Fl. 33308

**ARTICLE VII INCORPORATOR**

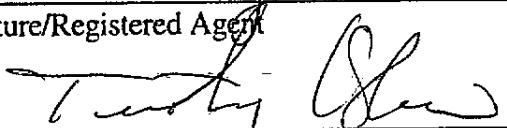
The name and address of the Incorporator is:

Timothy Krise  
5100 DuPont Blvd. 9-F  
Fort Lauderdale, Fl. 33308

\*\*\*\*\*  
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

4/16/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/16/02  
\_\_\_\_\_  
Date