

TRANSMITTAL LETTER

**PO2000053106**

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

SUBJECT: J and M Home INSPECTIONS INCORPORATED  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

APPROVED  
AND  
FILED

02 MAY 14 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Michael Thompson  
Name (Printed or typed)

4445 Woodbridge Road  
Address

Tallahassee Florida 32303-7621  
City, State & Zip

(850) 562-1545  
Daytime Telephone number

02 MAY 14 PM 1:53  
RECEIVED

200005509342--9  
-05/14/02--01058--003  
\*\*\*\*\*140.00 \*\*\*\*\*70.00

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

✓  
gs/14

# 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:

J AND M Home INSPECTIONS INCORPORATED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4445 woodbridge Road

Tallahassee Florida 32303-7621

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Form an Home INSPECTION Business

## ARTICLE IV SHARES

The number of shares of stock is:

1

## 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:

Michael Thompson

4445 woodbridge Road

Tallahassee Florida 32303-7621

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Thompson

4445 woodbridge ~~RD~~ Rd,

Tallahassee Florida 32303-7621

\*\*\*\*\*  
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

Michael Thompson

Signature/Registered Agent

5-14-02

Date

Michael Thompson

Signature/Incorporator

5-14-02

Date

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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