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(Re	questor's Name)
(Ad	dress)
(Add	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

SUBJECT: Florida Inspection Services Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Manny Angelo Varas	(Printed or typed)		
9212 S.W. 73 Avenue				
Pinecrest, Florida 33156 City, State & Zip			<u></u>	
	(305) 740 - 9787	Telephone number	··	

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

Ł	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: Florida Inspection Services Inc
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9212 5.W. 73 Ave. Principal place of business/mailing address is: 9212 5.W. 73 Ave.
	ARTICLE III PURPOSE The purpose for which the corporation is organized is: Inspections for Homes
	ARTICLE IV SHARES The number of shares of stock is: 1000
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Manny A. Varas - President The name(s), address(es) and title(s): Manny A. Varas - President
	ARTICLE VI REGISTERED AGENT
	The <u>name and Florida street address</u> of the registered agent is:
	Manny A. Varas 9212 S. W. 73 Ave.
	Pinecrest, F1 33156
	ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
	Manny A. Varas 92/2 5.W. 73 Ave Pinecrest, F/ 33756
	92/2 S.W. 73 Ave
	Pinecrest, El 33756

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