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Office Use Only



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TRANSMITTAL LETTER

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

лвјест: Visio	n Home Inspections, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
and and an amin	inal and ana (1) come afthe auti		la chaole Com
crosou are an orig	inal and one (1) copy of the artic	cies 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
		ADDITIONAL CO	& Certificate of Status PY REQUIRED
FROM: E	ric Welter		
	Name ((Printed or typed)	
	1485 Siesta Drive		
~	A	address	
	Sarasota, FL 34239		
-	City,	State & Zip	
	(941) 586-3049		
-	Daytime Te	elephone number	

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

AUTHORIZATION BY PHONE TO

CORRECT__IV

DATE__IO-16-03

DOC. EXAM___V_I

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: Vision Home Inspections, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1485 Siesta Drive Serasota, Fl 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Inspections

ARTICLE IV SHARES

The number of shares of stock is:

(1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Eric Welter 1485 Siesta Drive Sarasota, Fl 34239

ARTICLE VI REGISTERED AGENT

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

Eric Welter 1485 Siesta Drive Sarasota, Fl 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Vam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

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