## P03000117478

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	<u>L</u>
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	
D. WHITE OCT 2 2 2003	
Office Use Only	
John	
AUTHORIZATION BY PHONE TO	
CORRECT articles	



700023389557

10/02/03--01040--003 \*\*78.75

## TRANSMITTAL LETTER

P. O. Box 6327
Tallahassee, FL 32314

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee F

Department of State
Division of Corporations

Filing Fee Filing Fee & Certificate of Status & Certified

□ \$78.75 □ \$87.50 Filing Fee,

& Certified Copy Cert

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

John Magdon
Name (Printed of typed)

4221 Leaping Deer LN

Jacksonville F1 32259

904 - 287 - 1257

Daytime Telephone number



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 7, 2003

JOHN MAGDON 4221 LEAPING DEER LN JACKSONVILLE, FL 32259

SUBJECT: ACCURATE HOME INSPECTIONS, INC.

Ref. Number: W03000028840

We have received your document for ACCURATE HOME INSPECTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 003A00054809ู้

I have change the corporate name TO A.H.I. inc. and the mailing address also:

4221 Leaping Leaping Deer LN. Jacksonville, fl. 32259

	FILI	ΞD
ARTICLE I NAME	,03 OCT 21	AM Re oc
The name of the corporation shall be:		
JOHN MAGDON, INC.	SECRETARY TALLAHASSEI	E FLORIDA
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:	•	
4221 Leaping Deer LN		
Jacksonville FL 32259		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
TO Inspect a home for flaws ar	nd damo	5RS
before a Real Estate closing		<del>-</del>
The number of shares of stock is:	.,	
The number of shares of stock is:		
1000		•
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)		
The name(s), address(es) and title(s):	• •	
JOHN MAGDON - CEO		
4221 Leaping Deer Lane Jacksonville Fl 32259		
Sackbonville F1 32239		
	-	
ARTICLE VI REGISTERED AGENT		
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:		
The <u>name and Florida street address</u> of the registered agent is:  John Magdon 4221 Leaping Deer LN.		
The <u>name and Florida street address</u> of the registered agent is:  John Maadon		
The <u>name and Florida street address</u> of the registered agent is:  John Maadon  4221 Leaping Deer LN.  Jacksonville FL 32259  ARTICLE VII INCORPORATOR	···	
The <u>name and Florida street address</u> of the registered agent is:  John Maadon  4221 Leaping Deer LN.  Jacksonville FL 32259  ARTICLE VII INCORPORATOR  The <u>name and address</u> of the Incorporator is:	<del>.</del>	
The <u>name and Florida street address</u> of the registered agent is:  John Maadon  4221 Leaping Deer LN.  Jacksonville FL 32259 <u>ARTICLE VII INCORPORATOR</u> The <u>name and address</u> of the Incorporator is:  John Maadon	····	
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