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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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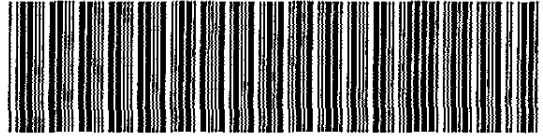
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-15-04
3

TRANSMITTAL LETTER

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

SUBJECT: Value Plus Home Inspections Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: David A. Bowers
Name (Printed or typed)

1012 Seagull LN
Address

Lynn Haven FL 32444
City, State & Zip

(850) 866-45-82
Daytime Telephone number

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

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:

Value Plus Home Inspections Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*1012 Seagull LN
Lynn Haven FL 32444*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To form a home inspection buisness.

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*David A. Bowers (President) address is same as Art. II
Sarah E. Bowers (Vice President) address is same as above.*

ARTICLE VI REGISTERED AGENT

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

*David A. Bowers 1012 Seagull LN
Lynn Haven, FL 32444*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*David A. Bowers
1012 Seagull LN
Lynn Haven, FL 32444*

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

David A. Bowers

Signature/Registered Agent

1-5-03

Date

David A. Bowers

Signature/Incorporator

1-5-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA