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Office Use Only

TRANSMITTAL LETTER

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

SUBJECT: _____ALL PROFESSIONAL HOME INSPECTION SERVICES INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Section States Filing Fee

□ \$78.75 Filing Fee & Certificate of Status \$78.75
Filing Fec
& Certified Copy

□ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: FREDERICK JAMES

Name (Printed or typed)

4450 SW 61 AVE # 6 DAVIE FLORIDA 33314

Address

DAVIE FLORIDA 33314

City, State & Zip

954347-7515

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: ALL PROFESSIONAL HOME INSPECTION SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4450 SW 61 AVE # 6 DAVIE FLORIDA 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

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): FREDERICK JAMES 4450 SW 61 AVE # 6 DAVIE FLORIDA 33314 PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: FREDERICK JAMES 4450 SW 61 AVE # 6 DAVIE FLORIDA 33314

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

FREDERICK JAMES 4450 SW 61 AVE # 6 DAVIE FLORIDA 33314

Having been namedras 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

3-5-04 Date

HAR

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<u>3 - 5- 04</u> Date

Signature/Incorporator