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(City/State/Zip/Phone #)

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(Business Entity Name)

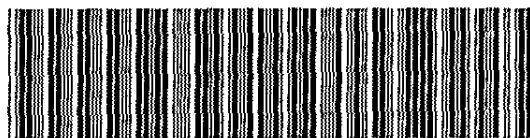
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2008 MAR 24 P 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: TRI COUNTY APPRAISAL SPECIALIST, INC.
(Proposed corporate name - must include suffix)

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
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: A BETTER BUSINESS & TAX SERVICE
Name (Printed or typed)

600 Goodlette Road North, Ste. 104
Address

Naples, FL 34102
City, State & Zip

941-263-0829
Daytime Telephone number

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

**TRI COUNTY APPRAISAL SPECIALIST, INC.
8450 HOLLOW BROOK CIRCLE
NAPLES, FLORIDA 34119**

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

Re: Filing of Articles of Incorporation for **TRI COUNTY APPRAISAL
SPECIALIST, INC.**

Dear Sirs:

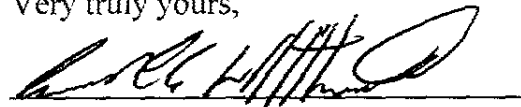
I enclose the original of the Articles of Incorporation for **TRI COUNTY APPRAISAL SPECIALIST, INC.** Further enclosed is my check in the amount of \$78.75 payable to the Florida Department of State.

Please file the original of the Articles and return your receipt and Certified Copy.

If you have any further questions or require additional information, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,



SAMUEL T. WHITEHEAD,
President

HW/jaa

Enclosures

Fees as follow:

Certified Copy
Filing Fee for Articles
Registered Agent

FILED

2004 MAR 24 P 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
Of
TRI COUNTY APPRAISAL SPECIALIST, INC.

The undersigned, for the purposes of forming a Corporation under Section 607.164 of the Florida General Corporation Act, do hereby certify as follows:

Article I

Corporate Name and Address

The name of the Corporation is **TRI COUNTY APPRAISAL SPECIALIST, INC.**, and the street address of the Corporation is:

**8450 HOLLOW BROOK CIRCLE
NAPLES, FLORIDA 34119**

Article II

Corporate Purposes

The Corporation is organized to function as **REAL ESTATE APPRAISAL SERVICES** and any related business services and to otherwise engage in any activity or business permitted under the laws of the United States of America and in the state of Florida.

Article III

Authorized Stock

The aggregate number of shares of the Corporation shall be 50,000, of which 1,000 are to be issued as voting common stock with a par value of \$1.00.

Article IV

Registered Office and Registered Agent

The street address of the initial registered office of the Corporation in the state of Florida shall be:

**8450 HOLLOW BROOK CIRCLE
NAPLES, FLORIDA 34119**

The name of the initial registered agent of the Corporation at the registered office shall be **SAMUEL T. WHITEHEAD**.

Article V
Initial Board of Directors

The initial Board of Directors of the Corporation shall be comprised of **ONE (1)** person. The name and address of the initial Director is as follows:

<u>NAME</u>	<u>ADDRESS</u>
SAMUEL T. WHITEHEAD	8450 HOLLOW BROOK CIRCLE NAPLES, FLORIDA 34119

Article VI
Incorporator

The name and address of the Incorporator of the Corporation is:

**SAMUEL T. WHITEHEAD
8450 HOLLOW BROOK CIRCLE
NAPLES, FLORIDA 34119**

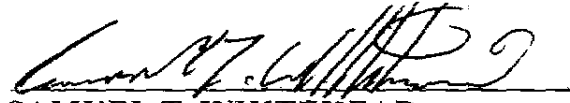
Article VII
Commencement of Existence

The Corporation shall be deemed to commence on the **26TH** day of **MARCH**,
2004.

Article VIII

Duration

The term of existence of the Corporation is perpetual. IN WITNESS WHEREOF, the undersigned, as Incorporator has executed the foregoing Articles of Incorporation this 22ND day of **MARCH, 2004**.



SAMUEL T. WHITEHEAD

Incorporator

STATE OF FLORIDA

COLLIER COUNTY

Before me personally appeared **SAMUEL T. WHITEHEAD** to me personally known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation and acknowledged before me that he subscribed to these Articles of Incorporation this 22ND day of **MARCH, 2004**.



Notary Public, Helen Watson

My Commission Expires: 08-13-2005

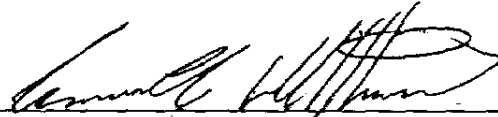


Helen Watson
MY COMMISSION # DD031175 EXPIRES
August 13, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

**ACCEPTANCE OF REGISTERED AGENT
FOR**

TRI COUNTY APPRAISAL SPECIALIST, INC.

I, **SAMUEL T. WHITEHEAD**, having signed the within as registered agent of **TRI COUNTY APPRAISAL SPECIALIST, INC.**, (the Corporation) at the registered address of **8450 HOLLOW BROOK CIRCLE, NAPLES, FLORIDA 34119**, do hereby agree as the registered agent to accept service of process, to keep an office of the Corporation open during the prescribed hours, and to post my name, **SAMUEL T. WHITEHEAD**, and that of any officer of the Corporation authorized to accept service of process at the above Florida designated address, in some conspicuous place in the office of the Corporation as required by law.



SAMUEL T. WHITEHEAD
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA