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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 28 PM 2:39

## TRANSMITTAL LETTER

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

**SUBJECT:** FLORIDA REAL STATE HOME INSPECTORS, 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:** ANGEL ROMAN

Name (Printed or typed)

2020 NE 163 ST. SUITE 300

Address

NORTH MIAMI BEACH, FL. 33162

City, State & Zip

(305) 300 4787

Daytime Telephone number

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**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:

FLORIDA REAL ESTATE HOME INSPECTORS, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2020 NE 163 St. Suite 300  
North Miami Beach, FL. 33162

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and Laful Business.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000 at One dollar per value = Angel Roman 52%

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President: Angel Roman  
3215 NE 184 St. Apt 14201  
Aventura, Fl. 33160

Vicepresident: Maria Eugenia Lopez

### **ARTICLE VI REGISTERED AGENT**

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

Angel Roman  
3215 NE 184 St. Apt 14201  
Aventura, Fl. 33160

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Angel Roman  
3215 NE 184 St. Apt 14201  
Aventura, Fl. 33160

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\*\*\*\*\*  
*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*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date