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#### TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

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

ARM HOME

POKAL

Miomi, FL

sed is an original a	nd one(1) copy of the artic	cles of incorporation and a	check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$1\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate
		ADDITIONAL COPY REQUIR	

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

City, State & Zip

Name (Printed or typed)

10556 N.W. 26th Street - Suite 203 Address

33172

(305) 592-0663 Daytime Telephone number

#### ARTICLES OF INCORPORATION

OF

04 JUN-9 PM 3: 02

#### ARM HOME INSPECTIONS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

#### **ARTICLE I**

The name of this corporation shall be:

#### ARM HOME INSPECTIONS, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
- (3) To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of one thousand (1,000) shares, having an individual par value of one dollar (\$1.00).

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial principal office and the name of the initial Resident Agent of this corporation shall be:

#### INITIAL PRINCIPAL OFFICE

14855 SW 104 Street, #24, Miami, FL 33196

### INITIAL RESIDENT AGENT

#### Orlando Arrom

#### ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) persons, and the names and addresses of the persons who are to serve as initial directors and officers are:

Raul Flores Hernandez

President

12990 SW 63 Terrace, #603, Miami, FL 33183

Orlando Arrom

Vice-President 14855 SW 104 St., #24, Miami, FL 33196

The name and address of the incorporator executing these Articles of Incorporation is:

Raul Flores Hernandez 12990 SW 63 Terrace, #603, Miami, FL 33183

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 5th day of June \_\_\_, 2004.

STATE OF FLORIDA

SS.

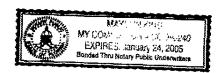
COUNTY OF MIAMI-DADE)

BEFORE ME, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Raul Flores Hernandez known to me and known by me to be the person(s) who executed the foregoing Articles of incorporation, and he (they) acknowledged before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in state and county aforesaid, this  $\mathcal{F}$  day of JUNC, 2004.

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

 Pursuant to the provisions of sections 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:	글 무	
	ARM Home Inspections, Inc.	AL PO	And the second s
2.	The name and address of the registered agent and office is:	me ?	THE STATE OF THE S
	Orlando Arrom	유조	· · · · · · · · · · · · · · · · · · ·
	(NAME) 10556 NW 26 Street, Suite 203	control visitation of the state	
	(P.O. BOX <u>NOT ACCEPTABLE</u> ) Miami, FL 33172		en e
	(CITY/STATE/ZIP)	<b>业 1 : 19</b> 毫元	
PRODES REG AGF THE FAM	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT DOCESS FOR THE ABOVE STATED CORPORATION AT SIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPRISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY REE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES PROPER AND COMPLETE PERFORMANCE OF MY DUTIES ILLIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DISTERED AGENT.	THE PLAC OINTMENT A . I FURTHE RELATING T S, AND I A	E S R O M

DATE