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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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FILED SECRETARY OF STATE FALLARY OFF, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: safe-ho	ome inspections,inc. (PROPOSED CORPOR	ATE NAME - MUST INCL	UDESUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: and	thony bateman Nam	e (Printed or typed)	
	p.o.box 204 port richey florida 3-	4673. Address	
	City	, State & Zip	
	727 967 4225. Daytime	Telephone number	

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

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А		W-70 ()	# 1371 X 316	LIKAI	

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE TALLAHASSES, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

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safe-home inspections,inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: p.o.box.204,port richey,florida.34673.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: home inspections.100

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): anthony bateman, 12811, charter oak way, hudson, florida, 34667.

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ANTHONY BATEMAN, 12811 CHARTER DAK WAY, HUDSON PL. 34667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY BATEMAN, 12811 CHARTER DAK WAY, HUDSON Pl. 34667

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

9,24.04 Date

91. 24. 64 Date