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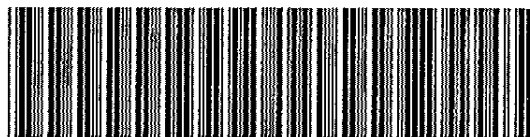
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## TRANSMITTAL LETTER

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

**SUBJECT:** AMERICA 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:** ROBERTO ROA  
Name (Printed or typed)

11310 S. ORANGE BLOSSOM TRAIL, SUITE 117  
Address

ORLANDO, FL 32837  
City, State & Zip

(407)346-1427  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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

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# 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:

AMERICA HOME INSPECTORS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11310 S. ORANGE BLOSSOM TRAIL  
SUITE 117  
ORLANDO FL 32837

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
FOR BUSSINESS PURPOSES OF HOME INSPECTIONS

## 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):

ROBERTO ROA-PRESIDENT  
MABEL DE LA CRUZ-VICE PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

ROBERTO ROA  
11310 S. ORANGE BLOSSOM TRAIL  
SUITE 117  
ORLANDO, FL 32837

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERTO ROA  
11310 S. ORANGE BLOSSOM TRAIL  
SUITE 117  
ORLANDO FL 32837

\*\*\*\*\*

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

*Roberto Roa*

Signature/Registered Agent

*10/27/04*

Date

*Roberto Roa*

Signature/Incorporator

*10/27/04*

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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