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(Re	questor's Name)		
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(City	y/State/Zip/Phone	= #)	
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PICK-UP	WAIT	MAIL	
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Certified Copies Certificates of Status			
Special Instructions to F	Eiling Officer:		
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TRANSMITTAL LETTER

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

Tallahassee, FL 323	314			
SUBJECT: Treasur	re Coast Inspections Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDESUFF(X)	
Enclosed are an orig	rinal and one (1) copy of the artic	les 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 PPY REQUIRED	
FROM: Fra	nk Scotti			ji.
	Name (Printed or typed)		25
!	920 Yew Street			
Address			10 EH 10 EH 11 ED	
<u> </u>	Sebastian, Florida 32976 City, S	State & Zip		PILLO D5 JIN 10 KH 7: 55 CLUIN SSEE FLORIDA
((772) 664-1303			ئے وا
-	Daytime Te	lephone number		

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:

Treasure Coast Inspections, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 920 Yew Street Sebastian, Florida 32976

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 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):

Frank Scotti, President Catherine Scotti, Vice President

ARTICLE VI REGISTERED AGENT

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

Frank Scotti 920 Yew Street Sebastian, Florida 32976

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

C'ATHERINE Scotti 920 YEW ST SEBASTIAN, FI 32976

Having been named as registered agent to accept sorvice 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

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