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TRANSMITTAL LETTER

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

SUBJECT: Deloach Home Inspections, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

STO.00 Filing Fee

Filing Fee & Certificate of Status

\$78.75

 \$78.75
 \$87.50

 Filing Fee
 Filing Fee,

 & Certified Copy
 Certified Copy

 & Certificate of Status

ADDITIONAL COPY REQUIRED

4

FROM: _

Tanya Deloach Name (Printed or typed)

9067 Long Lake Palm Drive Address

Boca Raton, Florida 33496 City, State & Zip

561-883-1366 Daytime Telephone 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

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The name of the corporation shall be:

Deloach Home Inspections, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9067 Long Lake Palm Drive Boca Raton, Florida 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: One Hundred Thousand (100,000.00) shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tanya DeLoach President Charles DeLoach Director

ARTICLE VI REGISTERED AGENT

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

Tanya DeLoach 9067 Long Lake Palm Drive Boca Raton, Florida 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tanya DeLoach 9067 Long Lake Palm Drive Boca Raton, Florida 33496

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

Signature/Incorporator

<u>+/19/05</u> Date

05 AFR 22 PM 12: 40

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