

PD5000164333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

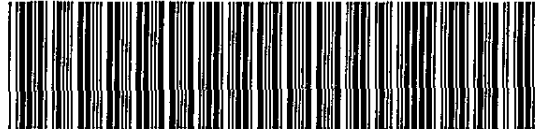
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/09--01020--001 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 DEC 16 PM 4:05

MRS
12/19

COVER LETTER

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

SUBJECT: THE 4-POINT HOME INSPECTION ASSOCIATION, 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: Perry M Reeves

Name (Printed or typed)

5305 Oakway Dr

Address

Lakeland, FL 33805

City, State & Zip

863-513-0349

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 16 PM 4:05

ARTICLE I NAME

The name of the corporation shall be:

THE 4-POINT HOME INSPECTION ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5305 OAKWAY DR, LAKELAND, FL 33805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT ASSOCIATION OF 4-POINT HOME INSPECTORS FOR EDUCATION,
CERTIFICATION, AND SUPPORT.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PERRY M REEVES, 5305 OAKWAY DR, LAKELAND, FL 33805
KIMBERLY REEVES, 5305 OAKWAY DR, LAKELAND, FL 33805

ARTICLE VI REGISTERED AGENT

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

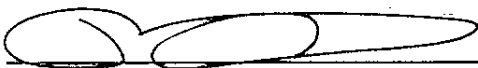
PERRY M REEVES, 5305 OAKWAY DR, LAKELAND, FL 33805

ARTICLE VII INCORPORATOR

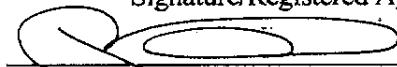
The name and address of the Incorporator is:

PERRY M REEVES, 5305 OAKWAY DR, LAKELAND, FL 33805

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 Perry M Reeves

12/14/05
Date


Signature/Incorporator Perry M Reeves

12/14/05
Date