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SECRETARY OF STATE DIVISION OF CORPORATIONS

# TRANSMITTAL LETTER

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

SUBJECT: Pr	ofessional Home Inspection	ons of Central Florid TENAME-MUSTINCE	
Enclosed are an orig	inal and one (1) copy of the art		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$\overline{8}\overline{7}.50  Filing Fee,  Certified Copy  & Certificate of  Status
FROM: Pr	ofessional Home Inspectio	ons of Central Floric (Printed or typed)	da, Inc.
	540 Orange Drive, #14	Address	<u> </u>
	Altamonte Springs, FL		
•	City,	State & Zip	
	1-800-226-0123 Daytime T	elephone 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:

Professional Home Inspections of Central Florida, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P. O. Box 916677 Longwood, FL 32791

# 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

# INITIAL OFFICERS AND/OR DIRECTORS

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

Curtis Cobbum, President P. O. Box 916677 Longwood, FL 32791

## REGISTERED AGENT

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

Curtis Cobbum 540 Orange Drive, #14 Altamonte Springs, FL 32701

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Curtis Cobbum, President P. O. Box 916677 Longwood, FL 32791

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

12-15-05

Curtis Cobbum

Date

Date