

P06000050953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

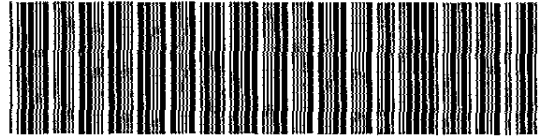
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FILED
2006 APR 10 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bush APR 10 2006

COVER LETTER

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

SUBJECT: A To Z Appraisals, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Scott S. Zipse
Name (Printed or typed)

5058 Barrowe Drive
Address

Tampa, FL 33624
City, State & Zip

(813) 362-7858
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

The name of the corporation shall be:

A To Z Appraisals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5058 Barrowe Drive, Tampa, FL 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Appraisal

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Scott S. Zipse, 5058 Barrowe Drive, Tampa, FL 33624, President

ARTICLE VI REGISTERED AGENT

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

Scott S. Zipse, 5058 Barrowe Drive, Tampa, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Scott S. Zipse, 5058 Barrowe Drive, Tampa, FL 33624

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

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA