

PO6000088831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

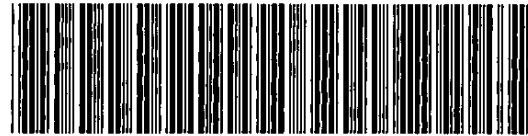
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500076583755

07/03/06--01030--005 **78.75

FILED
06 JUL -3 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

TRANSMITTAL LETTER

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

SUBJECT: New Construction Inspection Services, 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: New Construction Inspection Services, Inc.
Name (Printed or typed)

540 Orange Drive, #14
Address

Altamonte Springs, FL 32701
City, State & Zip

1-800-741-8008
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED
06 JUL -3 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Construction Inspection Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. Box 151555

Altamonte Springs, FL 32715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction 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):

Brooks Cobbum, President

P. O. Box 151555

Altamonte Springs, FL 32715

ARTICLE VI REGISTERED AGENT

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

Brooks Cobbum

540 Orange Drive, #14

Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brooks Cobbum

P. O. Box 151555

Altamonte Springs, FL 32715

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

Brooks Cobbum

Signature/Registered Agent

6-28-06

Date

Brooks Cobbum

Signature/Incorporator

6-28-06

Date