# P060000010222

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SECRETARY OF STATE
TALLAHASSEE, FIGHIE



# TRANSMITTAL LETTER

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

SUBJECT: Condominium 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	\$78.75	<b>□</b> \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
	ADDITIONAL COPY REQUIRED				
	,				
•	•				
		_			
FROM: Condominium Inspection Services, Inc.					
Name (Printed or typed)					
540 Orange Drive, #14 Address					
Autiess					
Altamonte Springs, FL 32701  City, State & Zip					
Ony, State to Dip					
	1-800-741-8008				
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:

Condominium Inspections Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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	Brooks Collins	6-28-06
Signature/R	egistered Agent	Date
Brooks Cobbum	Besops Cobbu	6-28-06
Signature/li	ocomorator	Date

SECRETARY OF STATE