# P06000113507

(Re	equestor'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:				

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MR) 31

# TRANSMITTAL LETTER

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

SUBJECT: F10	(PROPOSED CORPORA	TE NAME - MUST INCL	
Enclosed are an ori	iginal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Florida Association of Ce	ertified Commercial (Printed or typed)	Inspectors, Inc.
	540 Orange Drive, #14	Address	<del></del>
	1 0,	701 State & Zip	
	1-800-741-8008  Daytime 7	Telephone number	

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2006

FLORIDA ASSOCIATION OF CERTIFIED COMMERCIAL INSPECTORS, 540 ORANGE DRIVE #14 ALTAMONTE SPRINGS, FL 32701

SUBJECT: FLORIDA ASSOCIATION OF CERTIFIED COMMERCIAL

INSPECTORS, INC.

Ref. Number: W06000035557

We have received your document for FLORIDA ASSOCIATION OF CERTIFIED COMMERCIAL INSPECTORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal address must be at a street address. A post office box is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist New Filing Section

Letter Number: 006A00050019

### 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:

Florida Association of Certified Commercial Inspectors, Inc.

06 AUG 24 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P. O. Box 151555

540 Orange Drive, #14

- Altemente Springs, FL 32715

Altamonte Springs, FL 32701

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Inspections

#### <u>ARTICLE IV SHARES</u>

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 Dracks Cabh

Signature/Registered Agent

Brooks Cobbum Signature/Incorporator

8-7-06

Date

8-7-06

Date