

PO6000115929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

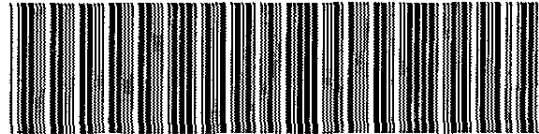
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/06--01003--005 **78.75

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Pa

TRANSMITTAL LETTER

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

SUBJECT: Florida Association of Certified Home Inspectors, Inc. (FACHI)
(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: Florida Association of Certified Home Inspectors, Inc. (FACHI)
Name (Printed or typed)

540 Orange Drive, #14

Address

Altamonte Springs, FL 32701

City, State & Zip

800-226-0123

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2006

FLORIDA ASSOCIATION OF CERTIFIED HOME INSPECTORS, INC.
540 ORANGE DRIVE, #14
ALTAMONTE SPRINGS, FL 32701

SUBJECT: FLORIDA ASSOCIATION OF CERTIFIED HOME INSPECTORS,
INC.
Ref. Number: W06000037411

We have received your document for FLORIDA ASSOCIATION OF CERTIFIED HOME 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 406A00052068

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 House Inspectors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

540 Orange Drive, #14
Altamonte Springs, FL 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

House 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, President
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 Cobbum

Signature/Registered Agent

9-1-06

Date

Brooks Cobbum, Brooks Cobbum

Signature/Incorporator

9-1-06

Date

FILED
06 SEP -7 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA