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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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09/18/06--01022--001 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

TRANSMITTAL LETTER

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

SUBJECT: Certified Home 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: Certified Home Inspection Services, Inc.
Name (Printed or typed)

540 Orange Drive, #14

Address

Altamonte Springs, FL 32701

City, State & Zip

1-800-226-0123

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2006

CERTIFIED HOME INSPECTION SERVICES, INC.
540 ORANGE DRIVE, #14
ALTAMONTE SPRINGS, FL 32701

SUBJECT: CERTIFIED HOME INSPECTION SERVICES, INC.
Ref. Number: W06000041090

We have received your document for CERTIFIED HOME INSPECTION SERVICES, 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.

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: 506A00056050

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 Building 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:

Building 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

Brooks Cobbum

10-25-06

Date

10-25-06

Craig

FILED
06 OCT 24 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA