P06000143127

(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:
Special Instructions to Filing Officer:





600079275716

09/07/06--01051--006 **78.75

2006 NOV 14 PN 1:5; Secretary of State

T. Burch HOV 1 4 2998

TRANSMITTAL LETTER

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

SUBJECT: Cer	tified Building Inspection (PROPOSED CORPORA	Services, Inc.	Moved Basilor
Enclosed are an ori	ginal and one (1) copy of the arti		
\$70.00 Filing Fee	xx \$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:	Certified Building Inspecti Name (ion Services, Inc. Printed or typed)	
	540 Orange Drive, #14	ddress	
	Altamonte Springs, FL 32	.701 State & Zip	
	1-800-226-0123	elephone number	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2006

BROOKS COBBUM 540 ORANGE DRIVE #14 ALTAMONTE SPRINGS, FL 32701

SUBJECT: FLORIDA ASSOCIATION OF CERTIFIED HOME INSPECTORS,

INC. (FACHI)

Ref. Number: W06000039567

We have received your document for FLORIDA ASSOCIATION OF CERTIFIED HOME INSPECTORS, INC. (FACHI) 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.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 306A00054452

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2006 NOV 14 PM 1: 57

ARTICLE I NAME

The name of the corporation shall be:

Certified Building Inspection Services, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing 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(cs) and specific title(s):

Curtis Cobbum P. O. Box 916677 Longwood, FL 32791

ARTICLE VI REGISTERED AGENT

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

Curtis Cobbum 540 Orange Drive, #14 Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Curtis Cobbum P. O. Box 916677 Longwood, FL 32791

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the
certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent
s Cobbum Curtes Cobbum Curtis Cobbum

Date

Curtis Cobbum 11-06-06