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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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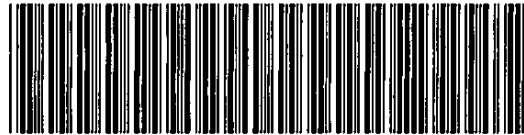
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 03 2007

## 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:

CITY APPRAISAL ASSOCIATES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

306 WESTWARD DR. MIAMI SPRINGS, FL 33166

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE APPRAISALS AND CONSULTING

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

NAME: THOMAS A. KNIGGE JR.

ADDRESS: 279 LAWN WAY MIAMI SPRINGS, FL 33166

TITLE: PRESIDENT / MANAGING MEMBER / OWNER

### **ARTICLE VI REGISTERED AGENT**

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

NAME: THOMAS A. KNIGGE JR.

ADDRESS: 279 LAWN WAY MIAMI SPRINGS, FL 33166

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NAME: THOMAS A. KNIGGE JR.

ADDRESS: 279 LAWN WAY MIAMI SPRINGS, FL 33166

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

12/26/2006  
\_\_\_\_\_  
Date

12/26/2006  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: CITY APPRAISAL ASSOCIATES, 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: THOMAS A. KNIGGE, JR.  
Name (Printed or typed)

306 WESTWARD DR.  
Address

MIAMI SPRINGS, FL 33166  
City, State & Zip

305-978-8116  
Daytime Telephone number

FILED  
07 JAN -2 AM 10:42  
RECEIVED  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

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