

PO7000088083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

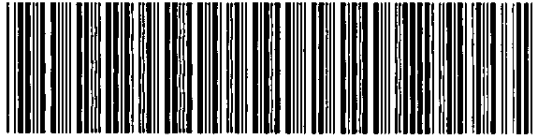
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 AUG - 6 AM 11: 56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 AUG - 6 PM 12: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/6/11

**COVER LETTER**

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

SUBJECT: Capital City Home Inspections  
(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: Christopher L. Barwick  
Name (Printed or typed)

8219 Laurel Kay Lane  
Address

Tallahassee, FL 32317  
City, State & Zip

850 (942) 2146  
Daytime Telephone number

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

**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: *Capital City Home Inspections ~~Inc.~~  
of Leon County, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: *8219 Laurel Kay Lane  
Tallahassee, Fl. 32317*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Home Inspections*

**ARTICLE IV SHARES**

The number of shares of stock is: *1*

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

List name(s), address(es) and specific title(s):  
*Christopher L Barwick  
8219 Laurel Kay Lane  
Tallahassee, FL. 32317*

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
*Christopher L Barwick  
8219 Laurel Kay Lane  
Tallahassee FL 32317*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
*Christopher L Barwick  
8219 Laurel Kay Lane  
Tallahassee, FL 32317*

\*\*\*\*\*  
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

*Christopher L Barwick*

Signature/Registered Agent

*8/6/07*

Date

*Christopher L Barwick*

Signature/Incorporator

*8/6/07*

Date