P07000097386

| (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: | | | | |
| John BAVE | | | | |
| CORRECT asticles | | | | |
| DATE 8/30/07 DOC. EXAM DWhite | | | | |

Office Use Only



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2001 AUG 30 P 3: 40
SECRETARY OF STATE

D. WHITE AUG 3 0 2007

COVER LETTER

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

| SUBJECT: | affortable One | 2 Home In | spection Corp. | | |
|--|--|--|---|--|--|
| | (I ROI OSED CORI ORA | TE NAME ~ <u>MUST INCL</u> | SOPE SUFFIX) | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | l a check for: | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: JoHN F. BELPULSI Name (Printed or typed) | | | | | |
| 1917 Madera Dr. Address | | | | | |
| | N. FORT MY | IERS , FL. 3 State & Zip | 3903 | | |
| | 239-543-508 | 25 elephone number | | | |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|--|--|
| ARTICLE I NAME . | |
| The name of the corporation shall be: affordable One Home Ins | pedion Corp. |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: 1917 madera Dr. N. FORT MYEVS, FL. | 3 390 3 |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: Home in Spection | 5 |
| | |
| ARTICLE IV SHARES | TILED 2001 AUG 30 P SECRETARY OF S |
| The number of shares of stock is: | HAA F |
| • | SERY M |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | THE TO |
| | 3: 4 STATI |
| List name(s), address(es) and specific title(s): John F. BelpulsI 1917 madera Dr. | DE TO |
| 1917 madera Dr. | |
| N. FORT myers, FL | 3 3 9 0 3 |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent | is: |
| John F. BELPULSI | |
| 1917 madera Dr. | |
| N. FORT Myers, FL. 3390: | 3 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | |
| Tolor F Brelievice | |
| John F. BelpulsI 1917 madera Dr. | |
| N. FORT MYEVS, FL. 33903 | ***** |
| Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacit | |
| Signature/Registered Agent 8/2 | 7/07 |
| Signature/Registered Agent | Date |

ARTICLES OF INCORPORATION