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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: IF THESE WALLS COULD TALK, HOME INSPECTION INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	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 PPY REQUIRED
FROM: M	ONIQUE SPATE	(Printed or typed)	
	1231 NW 115TH AVE	NUE Address	
	PLANTATION, FL 333	23 State & Zip	
-	954-604-7227 Daytime T	elephone 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:

IF THESE WALLS COULD TALK, HOME INSPECTION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1231 NW 115TH AVENUE, PLANTATION, FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFIT

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):

MONIQUE SPATE 1231 NW 115TH AVENUE PLANTATION, FL 33323

PRESIDENT



ARTICLE VI REGISTERED AGENT

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

MONIQUE SPATE

1231 NW 115TH AVENUE, PLANTATION, FL 33323

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:
MONIQUE SPATE
1231 NW 115TH AVENUE, PLANTATION, FL 33323

FILED W. 50

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date