

P08000092675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

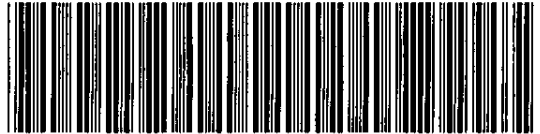
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2008 OCT 13 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 14 2008
208-46223
2585

COVER LETTER

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

SUBJECT: South Florida Professional Home Inspections, 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: Manuel A. Casales
Name (Printed or typed)

8035 SW 134 Ct
Address

Miami, Florida 33183
City, State & Zip

305-281-2751
Daytime Telephone number

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2006 OCT 13 PM 1:29
TALLAHASSEE, FLORIDA

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:

South Florida Professional Home Inspections, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

The principal office and mailing address of business of this corporation shall be: 8035 SW 134 CT Miami, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Inspections

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):

Manuel A. Casales
8035 SW 134 Ct
Miami, FL 33183

Title: Director

ARTICLE VI REGISTERED AGENT

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

Manuel A. Casales
8035 SW 134 Ct
Miami, FL 33183

ARTICLE VII INCORPORATOR

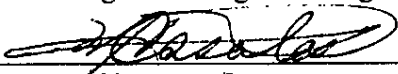
The name and address of the Incorporator is:

Manuel A. Casales
8035 SW 134 Ct
Miami, FL 33183

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

9/30/08

Date

9/30/08

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 13 PM 1:29

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