

PO000103957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

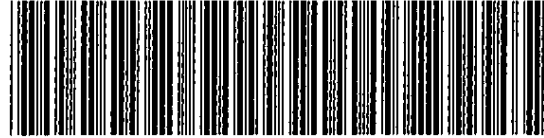
(Business Entity Name)

(Document Number)

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

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Office Use Only



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## COVER LETTER

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

**SUBJECT:** FIRST WATCH HOME INSPECTION SERVICES, 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:** SCOTT O'CONNOR  
Name (Printed or typed)

PO BOX 671  
Address

PLACIDA, FLORIDA 33946  
City, State & Zip

941-830-1888  
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:

FIRST WATCH HOME INSPECTION SERVICES, INC

### **ARTICLE II PRINCIPAL OFFICE**

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

STREET: 11570 BRIDLE PATH LANE  
PLACIDA, FLORIDA 33946

MAILING: PO BOX 671  
PLACIDA, FLORIDA 33946

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE HOME WATCH & HOME CARE SERVICES DURING AN OWNERS ABSENCE

### **ARTICLE IV SHARES**

The number of shares of stock is:

ONE

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

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

SCOTT O'CONNOR PRESIDENT  
PO BOX 671  
PLACIDA, FLORIDA 33946

### **ARTICLE VI REGISTERED AGENT**

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

SCOTT O'CONNOR  
11570 BRIDLE PATH LANE  
PLACIDA, FLORIDA 33946

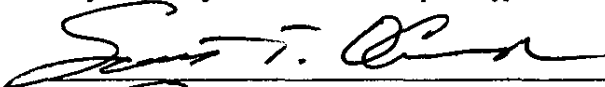
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SCOTT O'CONNOR  
PO BOX 671  
PLACIDA, FLORIDA 33946

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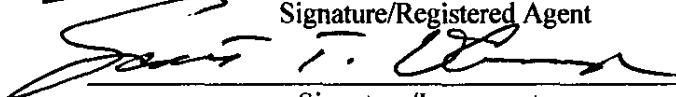
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/19/08

Date



Signature/Incorporator

11/17/08

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA