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Special Instructions to	Filing Officer:			
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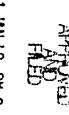
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SECRETARY OF STATE





## **COVER LETTER**

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

SUBJECT: Jaxhandy Home Inspec	ctions Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Anthony Victor Sarris	(Printed or typed)
124 Spanish Oaks Ln.	Address
St. Augustine FL 32080 City,	State & Zip
904-219-2592 Daytime Te	elephone number
Jaxhomeinspect@aol.com	M

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

## ARTICLES OF INCORPORATION

	ARTICLES OF INC		AMUL
	In compliance with Chapter 607 a	•	ANKVEL
ARTICLE I The name of the cor	NAME Jaxhandy Home Insper poration shall be:	ections Inc.	1 JAN 18 PM 2: 32
ARTICLE II	PRINCIPAL OFFICE	,	JAN 18 PM
	Principal street address	Mailing address, if d	Recent is: 72:32
	24 Spanish Oaks Ln	<i>D</i> i	THE THE
S	t. Augustine FL 32080		THASSEE FI ONE
-			- CHIDA
	PURPOSE hich the corporation is organized is: home inspections		
ARTICLE IV The number of shar			
	INITIAL OFFICERS AND/OR DIRECTO		
Name and Tri Address:	tle: Anthony Victor Sarris President		
Address:	124 Spanish Oaks Ln. St. Augustine FL 32080		<del></del>
	SIL Augustine II L Szvov		
			12011211
Name and Tit Address:	Ile: Bandy E. Martin Vice President		
Address:	2557 Horseshoe Bend Rd Middleburg FL 32068		
	Middleburg I L 32066	<del></del>	
Name and Tit Address:	ile;	Name and Title:	
Address:			
	REGISTERED AGENT		
Name:	ida street address (P.O. Box NOT acceptable) Anthony Victor Sarris		
Address:	124 Spanish Oaks Ln	<del></del>	
	St. Augustine FL 32080		
	· ·		
	INCORPORATOR ress of the Incorporator is:		
Name:	Anthony Victor Sarris		
Address:	124 Spanish Oak Ln.	<del></del>	
	St. Augustine FL 32080		
** , ,			
	d as registered agent to accept service of proc a familiar with and accept the appointment as r		
1A -	// / / /	egioterea agent una agree to act in initi caj	neny
anthon	a lustra Auros	1/10/2	2011
	Required Signature/Registered Agent		Date
I submit this document to the De	nent and affirm that the facts stated herein a partment of State constitutes a third degree felo	re true. I am aware that the false inforn ony as provided for in s.817.155, F.S.	nation submitted in a
M. M.	1 Middle /Minny		/0011
- NAKA	Required Signature/Incorporator		/2011 Date
~	required digitation position		Luce