P120007328

(Re	questor's Name)			
(Ad	dress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	ocument Number)	* ** ***		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	DAVE		
AUTHORIZATI	ON BY PHON	E TO		
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DIVISION OF CORPORATIONS
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W12-40100



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2012

ROY HUFFMAN 12176 NW 36TH PL SUNRISE, FL 33323

SUBJECT: PROFESSIONAL APPRAISAL SERVICE OF THE TRI-COUNTY,

INC.

Ref. Number: W12000040100

We have received your document for PROFESSIONAL APPRAISAL SERVICE OF THE TRI-COUNTY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 612A00019967

FET # 46-0628138

COVER LETTER

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

SUBJECT: Professional Appraisal Service of the Tri-County, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 \$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: Roy Huffman Nam 12176 NW 36th Place	ne (Printed or typed) Address	
Sunrise, FL 33323	·, State & Zip	
(954) 895-4215 Day time	Telephone number	
royhuffman31@bellsout E-mail address: (to be us	th.net ed for future annual report r	notification)

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 No.	AMB Professional Appraisal S ration shall be:	ervice of The	Tri-County, Inc.	
ARTICLE II _PI	RINCIPAL OFFICE			
	Principal street address		Mailing address, if different i	
	76 NW 36th Place	same as	s principal address	
Sur	rise, FL 33323			
		 _		
ARTICLE III PU	RPOSE			
The purpose for which	h the corporation is organized is:			
To provide resid	dential Real Estate appraisal service	es in Florida.		
	<u>HARES</u>			
The number of shares	of stock is 2			
ARTICLE V II	VITIAL OFFICERS AND/OR DIRECTOR	S		
Name and Title	:Roy Huffman, President	Name and Title	Cara Huffman, Mana	ger
Address:	12176 NW 36th Place	_ Address:	12176 NW 36th Plac	e
	Sunrise, FL 33323	_	Sunrise, FL 33323	
		_		
Name and Title	:	Name and Title	: :	
Address:		Address:		
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		-		
NT 17074		Mamo and Title		•
Name and Title	<u> </u>	Name and Thic		
Audiess.		_ Address,		<u> </u>
				15E
		_		AUG
	EGISTERED AGENT			95m
Name:	la street address (P.O. Box NOT acceptable) of		nt is:	S CALL
Address:	Roy Huffman 12176 NW 36th Place			200
11001000	Sunrise FL 33323			R RP CH S
		_		e SE
ARTICLE VII II				9: 56
	ss of the Incorporator is:			<i>5</i> , <i>₹</i> ,
Name:	Roy Huffman	-		
Address:	12176 NW 36th Place Sunrise, FL 33323	-		
- 1	Sunuse, FL 35323			
Having been named this certificate, I am f	as registered agent to accept service of process amiliar with and accept the appointment as regi	s for the above sta istered agent and	ated corporation at the plac agree to act in this capacity	e designated in
			7/23/2012	
Moon	Required Signature/Registered Agent	-	Da	ale
I submit this Hocum	ent and offirm that the facts stated herein are	true, I am aware	that the false information	Submitted in a
document to the Dept	Itment of State constitutes a third degree felon	as provided for i	n s.817.155, F.S.	
\\Y\1/\\ <i>\</i> //	h ~ '		7/23/2012	2
	Required Signature/Incorporator		Date	