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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: 1st Class Home Inspections Plus, 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: Jason Brown

Name (Printed or typed)

505 Menorca Place

Address

Saint Augustine, FL 32092

City, State & Zip

904-229-7780

Daytime Telephone number

jjkti@hotmail.com

E-mail address: (to be used for future annual report 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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: 1st Class Home Inspections Plus, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

505 Menorca Place

St. Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Inspection Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Brown, President

Address: 505 Menorca Place
St. Augustine, FL 32092

Name and Title: Jessica Brown, Vice-President

Address: 505 Menorca Place
St. Augustine, FL 32092

Name and Title: Jessica Brown, Secretary

Address: 505 Menorca Place
St. Augustine, FL 32092

Name and Title: _____

Address: _____

Name and Title: Jason Brown, Treasurer

Address: 505 Menorca Place
St. Augustine, FL 32092

Name and Title: _____

Address: _____

(cont.)
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DIVISION OF CORPORATIONS
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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

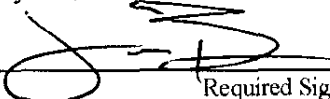
Name: Jason Brown
Address: 505 Menorca Place
St. Augustine, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Brown
Address: 505 Menorca Place
St. Augustine, FL 32092

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


Required Signature/Registered Agent

02/01/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

02/01/2013

Date