P130000062883

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Clarence Herrington				
CORRECT LANCE INTO TO ALLE DO				
DATE 7/30/13				
DOC DUM				

Office Use Only



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MRS 7/30/13

COVER LETTER

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

Taliahassee, FL 323	314		:
	ELL HOME TOPOSED CORPORA	ATE NAME –' <u>MUST INCL</u>	Inc. UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PY REQUIRED
	LARENCE L. HERR Name		<u>.</u>
_5	790 N.W. 167TH STI	VEET # 102 Address	
M	IAMI GARDENG F City,	L. 330/4 State & Zip	
<u>30</u>	5-624-5224 Daytime T	CELL 305-5/	9-6905
	DE-mail address: (to be use	n.net ed for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2013

CLARENCE L HERRINGTON 5190 N.W. 167TH STREET #102 MIAMI GARDENS, FL 33014

SUBJECT: XCELL HOME INSPECTIONS

Ref. Number: W13000041833

We have received your document for XCELL HOME INSPECTIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 113A00018042

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I No.	AME pration shall be:	XCELL	HOME	INSPEC	CTIONS	INC.	4
	Principal street	CE address TREET-#10	QL		iling address, if	y	
ARTICLE III PU The purpose for which	the corporation is		•	•	CTION		
· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		
ARTICLE IV SH The number of shares o	ARES	.100				13 JUL SECRET TALLAHI	
ARTICLE V IN	TIAL OFFICER	S AND/OR DIR		e and Title:		30 M 9: ARY OF STAT	FLED
	10626 DA	· .	ANE Addr			DA 14	
Name and Title Address	1	· · · · · · · · · · · · · · · · · · ·	Addr	ess:			
Name and Title Address	:		Name	and Title:		<u>, </u>	_
	· — - —						

		FILED
Name and Title:	Name and Title:	13 JUL 30 AM 9: 14
Address ·	Address:	
		SECRETARY OF STATES TALLAHASSEE, FLORIDA
-		· ·
	<u> </u>	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acco	antable) of the registered agent is	ı.
,		•
Name: CLARENCE LAGRED		
Address: 10626 OAK MEADOV	N LANE	
LAKE WORTH, FL. 3	3449	
, ,		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: CLARENCE L. HERR	INGTON	•
Address: 10626 PAK MEADO		
LAKE WORTH, FL.	33449	
Having been named as registered agent to accept service of		
this certificate, I am familiar with and accept the appointm		e to act in this capacity
Required Signature Registered A	<u> </u>	MAY 2 - 13
Required Signature/Registered A	Agent	/ Date
submit this document and affirm that the facts stated hillocument to the Department of State constitutes a third de		
of all all	gree jerony as provinca jor at si	
Required Signature/Incorporat	>	$MAY \frac{2-13}{Date}$
Required Digital to Theorporal		/ 5414