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(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:	(Re	questor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	dress)	
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Certified Copies Certificates of Status	(Bu	siness Entity Nan	ne)
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Special Instructions to Filing Officer:	Certified Copies	_ Certificates	of Status
	Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: A	kileh Home In	ispections, In	Ca
,	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fœ	\$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:		(Printed or typed)	
	4212 Forest	Island Dr. Address	
	Orlando, F	-L 32826 State & Zip	
	(407) 620 - 6 Daytime T	ク8スフ elephone number	
·	E-mail address: (to be used	9egmail.com	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 NAM The name of the corpora	<u>(E</u> tion shall be:	Akileh	Home	Inspec	tions,	Inc.	<u></u>	
ARTICLE II PRI		<u>CE</u>		·	·	iress, if differen	nt is:	
4212 Forest	- Island	Drive						
Oclando, F	<u>-7 3785</u>	6		<u></u>				
ARTICLE III PUR The purpose for which to	POSE the corporation	s organized is:	Reside	ntial	<i>ما</i> (ommess	ial_	
								
					<u> </u>		2 2	ENC.
						232.45 745 146, 44	<u> </u>	ranser
	Stock is: 100	RS AND/OR D	IRECTORS				AM 10: 51	E S
		Akileh,	_		e:	,		
Address		orest I.		Address:				
			_ .					
Name and Title	·			Name and Titl	e:			
Address				Address:				
					 			
Name and Title	\$			Name and Titl	e:		· -	
Address				Address:				

Name and	Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Hamza Akileh	- A	
Address:	4212 Forest Island Dr.		##!:~q
	Orlando, FL 32826		mara,
ARTICLE VII			
The name and ad	dress of the Incorporator is:		:
Name:	Hamza Akileh		
Address:	4212 Forest Island Dr.	_	
	Orlando, FL 32826	_	
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	is for the above stated corporation at the place designated i gistered agent and agree to act in this capacity	n
074	· .	Aug. 18, 2014	
	Required Signature/Registered Agent	Aug. 18, 2014 Date	
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submitted in my as provided for in s.817.155, F.S.	а
OHZ	<u> </u>	Aug. 18, 2014	
	Required Signature/Incorporator	Date	