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(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:				
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Office Use Only				



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SECTION SECTIONS
SECTION SEC

10/22/14

COVER LETTER

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

SUBJECT: Dre	am Home Ins	pections Int	ernational Inc	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
m 1 1 ·	· .1 1 (1)	iala Cia	lli-all- 6	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00	\$78.75	\$78:75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
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FROM:	Sean Skin	COM		
Name (Printed or typed)				
1954 Ali Anust				
~		Address		
	DalA	ri 20120	三名 =	
	rort Orange	+ 1_ 0 _ 1 _ () State & Zip		
	gity,	State & Zip	四月	
_	(386) 383-32	72	20 IE	
	Daytime To	elephone number	20 3 0	

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

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

ARTICLE I NAM The name of the corporate	tion shall be: Dream Hom	e Inspections	International, Inc.
1954 Ali (Port Drange	Principal street address	1	address, if different is:
ARTICLE III PUR. The purpose for which the service.	POSE he corporation is organized is:	erate a home	inspection
	·		SECNILLY F
ARTICLE V INT	stock is: 100 (One Hundred) TIAL OFFICERS AND/OR DIRECTOR		20 PH 2: 27 HOY OF STATE SEEE, FLORIDA
Name and Title Address	:Sean Skirrow-(President) 1954 Ali (Ouxt Port Orange,FL 32128	Name and Title: Address:	
Name and Title	Ingeborg Skirrow-(SFC/TRE 1954 Ali Court Port Orange, FL 32128	Address:	
Name and Title: Address			

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: Ingeborg Skirrow 1954 Ali Court Port Orange, FL 32128	FILED PLED PLEASEER
ARTICLE VII INCORPORATOR	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The name and address of the Incorporator is: Name: Ingeborg Skirrow 1934 Ati Court Port Drange, FL 32128	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	
X Lylloy O. Skows Required Signature/Registered Agent	10/17/2014 Date
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	
X Tyclogy & Skyrs Required Signature/Incorporator	