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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 _____

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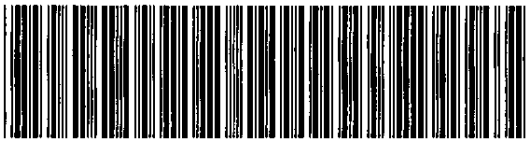

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WS-34520

COVER LETTER

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

SUBJECT: Vanderhart Appraisals, 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: Vanderhart Appraisals, INC
Name (Printed or typed)

4123 Sinclair Place
Address

Land O Lakes FL 34639
City, State & Zip

813-973-8060
Daytime Telephone number

Vanderhartappraisals@gmail.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)

ARTICLE I NAME
The name of the corporation shall be: VanderHart Appraisals, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
4123 Sinclair Pl.	P.O. Box 986
Land O Lakes, FL 34639	land O lakes, FL 34639

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Appraisal Company

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawn VanDerHart - President	Name and Title: Taryn VanDerHart - Vice President
Address: 4123 Sinclair Pl. Land O Lakes, FL 34639	Address: 4123 Sinclair Pl. Land O Lakes, FL 34639
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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Name and Title: Shawn VanDerHart
Address: 4123 Sinclair Pl.
Land O Lakes, FL
34639

Name and Title: Taryn VanDerHart
Address: 4123 Sinclair Pl.
Land O Lakes, FL
34639

ARTICLE VI REGISTERED AGENT

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

Name: Shawn VanDerHart
Address: 4123 Sinclair Pl.
Land O Lakes, FL 34639

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Shawn VanDerHart
Address: 4123 Sinclair Pl.
Land O Lakes, FL 34639

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 — Date: 5/4/15

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 — Date: 5/4/15

Shawn VanDerHart