## P15000088723

(Pa	questor's Name)	
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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒#</b> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
i opecial instructions to i	raing Officer.	





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W15-69550

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## **COVER LETTER**

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

SUBJECT: Z	PROPOSED CORPORA	INSPECT, à	N, CORR		
	(PROPOSED CORPORA	VTE NAME – <u>MUST INCL</u>	UDE 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	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM: XENIA MORALES  Name (Printed or typed)					
276 CAPE COD CIRCLE					
LAKE WOETH, FL 33467 City, State & Zip					
1-786-2-9-6782  Daytime Telephone number					
	ZIXEZA 0900 E-mail address: (to be use	6 C + MAIL and for future annual report	notification)		

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



October 20, 2015

XENIA MORALES 276 CAPE COD CIRCLE LAKE WORTH, FL 33467

SUBJECT: ZANEX HOME INSPECTION, CORP.

Ref. Number: W15000069550

We have received your document for ZANEX HOME INSPECTION, CORP. 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 815A00022164

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

The name of the corp	oration shall be: $\angle ANEX$	Home Inspection, Cort
ARTICLE II PR	NCIPAL OFFICE Principal street address	Mailing address, if different is:
	HE COD CIRCLE	$\sim 1A$
LAKE WO	PETH FL 33467	
ARTICLE III PUT The purpose for which	ch the corporation is organized is:	YOME INSPECTIONS
<u>on</u> 5	ales or Buy	<u>'</u>
	,	<u>,                                    </u>
		~; C2
		nu j
	THAL OFFICERS AND/OR DIRECTOR  THE: XENIA MORALES  276 CAPE CODO  LAKE WORTH, FL	Rename and Title:  Address:
Name and Ti Address	Same As OBO	Name and Title:  Address:
Name and Ti Address	SAME AS ABO	Name and Title:  Address:

Address	N/A	Address:	WA
ARTICLE VI REGI. The name and Florida Name: Address:	STERED AGENT street address (P.O. Box NOT acce) (ENIA, MORALE 761 Ciape Col	ptable) of the registered agent i S Cu 33467	15 007 28 PM II: 17
ARTICLE VII INCO	<u>PRPORATOR</u>		
Name: Address:	of the Incorporator is:  XENIA MORNES  276 CAPE COD CO  AKE WORTH, FC	10 -33467	
ARTICLE VIII EFF Effective date, if other (If an effective date is days after the filing.)	than the date of filing: \[ \bigcirc \rightarrow \bigcirc \b	OPTI (OPTI	ONAL) business days prior or 90 business
	ted in this block does not meet the ap		rements, this date will not be listed as
Having been named as this certificate, I am fa	registered agent to accept service of miliar with and accept the appointment of the Appointment of the Required Signature/Registered A	of process for the above stated ent as registered agent and agent	corporation at the place designated in wee to act in this capacity  Date
document to the Depar	t and affirm that the facts stated he tment of State constitutes a third deg  Morales  gnature/Incorporator	erein are true. I am aware the cree felony as provided for in s	at the false information submitted in a s.817.155, F.S.  Date