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(Re	equestor'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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ATTAMASSEE GEORIDA



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COVER LETTER

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

SUBJECT:					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
FROM: Richard Kardos Name (Printed or typed) 478/ N. Congress Ave #113 Address Boynton Beach Fl 33426 City, State & Zip 561-806-4230 Daytime Telephone number Rich Kardos @ gmail - Com E-mail address: (to be used for future annual report notification)					
	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status Richard Kare Nam 78/ N. Congre City 56/-806 Daytime 1	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status Richard Kardos Name (Printed or typed) 78/ N. Congress Ave #/ Address City, State & Zip Daytime Telephone number			

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. (Profile FEB - 1 AM 9: 58

The name of the corporat	ion shall be: Inspectman	it, INC.	SECRETAL TAIL AHASS	Y OF STATE BEE. FLORIDA
ARTICLE II PRINC	•		Mailing address, if different is:	
4781 N. C.	ongress rue #113 Dearh FL 33426			
		and All	LAWFUL	business
	stock is: 1,000 @ 01			
	: Richard KARdos - 4781 N. Congress AM	President Name and Title:_ #113 L_ Address: 3426		
Name and Title:				
Name and Title:		_		
Address		Address: _		



16 FEB - I AM 9:58

Name and Title:	Name and Title:		
Address	Address:	SECRETARY OF STATE TALLAHASSEE FLORINA	
		,	
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NO	T acceptable) of the registered age	ent is:	
Name: Richard KAR	dos		
Address: 478/ N. Consider	resi Ave #113		
Boynton Beac	les Ave #113 L FC 33426		
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Name: Richard KA	Rdos uss Ave #113 ch FL 33426		
Address: 4781 N. Cong.	1051 AND #113		
On to Proper	1 G 27/11		
escyntan sea	EL 16 33906		
ARTICLE VIII EFFECTIVE DATE:			
Effective date, if other than the date of filing: (If an effective date is listed, the date must be spe	(OF cific and cannot be more than fi	PTIONAL) ve business davs prior or 90 business	
days after the filing.)		•	
Note: If the date inserted in this block does not mee the document's effective date on the Department of S		quirements, this date will not be listed as	
Having been named as registered agent to accept se	ervice of process for the above sta	ted corporation at the place designated in	
this certificate, I am familiar with and accept the app	pointment as registered agent and	agree to act in this capacity	
Richard Karcles		1/100/11	
Required Signature/Regist	tered Agent	Date	
I submit this document and affirm that the facts st	ated herein are true. I am aware	that the false information submitted in a	
document to the Department of State constitutes a th	uru uegree jeiony as provided for i	nn s.817.155, F.S. . / / /	
Required Signature/Incorporator	·····	1/20/16	
required Signature/incorporator		/ /Date	