P16000035413

(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:

Office Use Only

000284558300

04/18/16--01023--008 **87.50

16 APR 18 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan APR 21 2016

COVER LETTER

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

SUBJECT: AGOSTA HOME INSPECTIONS CO.
(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: MICHAEL A. AGOSTA
Name (Printed or typed)

981 SHAW CIRCLE
Address

MELBOURNE, FLORIDA 32940
City, State & Zip

610-217-3012
Daytime Telephone number

AGOSTAMNP@AOL.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)

FILED

2016 APR 18 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: AGOSTA HOME INSPECTIONS Co.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

981 SHAW CIRCLE

MELBOURNE, FL. 32940

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PERFORM HOME INSPECTIONS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL A. AGOSTA PRESIDENT

Address 981 SHAW CIRCLE
MELBOURNE, FL. 32940

Name and Title:

Address

Name and Title:

Address:

Name and Title:

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: Maria Fonseca

Address: 981 SHAW CIRCLE

MELBOURNE, FL. 32940

16 APR 18 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MICHAEL A. AGOSTA

Address: 981 SHAW CIRCLE

MELBOURNE, FL. 32940

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

Maria Fonseca — Required Signature/Registered Agent

4-15-16 — Date

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.

Michael A. Agosta — Required Signature/Incorporator

4-15-16 — Date