

P16000063470

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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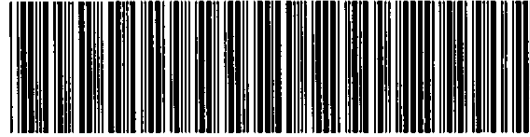
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL 32301

768
8/2/16

COVER LETTER

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

SUBJECT: Villa Inspection 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: Jeffrey Scott Villa
Name (Printed or typed)

18 Herons Nest
Address

Stuart, Fl. 34996
City, State & Zip

772 215-2000
Daytime Telephone number

jsvilla2000@yahoo.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: Villa Inspection, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18 Herons Nest
Stuart, Fl. 34996

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home inspection

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Scott Villa Pres. Name and Title: _____

Address 18 Herons Nest Address: _____
Stuart, Fl. 34996

Name and Title: Eileen Villa Vice Pres. Name and Title: _____

Address 18 Herons Nest Address: _____
Stuart, Fl. 34996

Name and Title: Emily Elrad Sec/Treas. Name and Title: _____

Address 1213 Pensacola Ct. Address: _____
Kissimmee, Fl. 34744

15 JUL 16 AM 7:19
SECRET
TALLAHASSEE, FL 32301

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: Jeffrey Scott Villa

Address: 18 Herons Nest

Stuart, Fl. 34996

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ARTICLE VII INCORPORATOR

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

Name: Jeffrey Scott Villa

Address: 18 Herons Nest

Stuart, Fl. 34996

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

Jeffrey Scott Villa
Required Signature/Registered Agent

7/11/16
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.

Jeffrey Scott Villa
Required Signature/Incorporator

7/11/16
Date