

P17000043486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

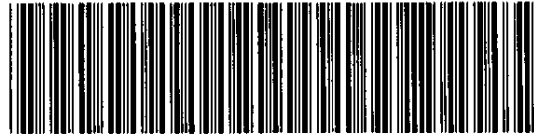
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
17 MAY 17 AM 10:58

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 17 AM 11:35

I will not revoke the dissolution  
of House Huggers Home Inspection Inc.

Doc # A4000002355  
FEIN 59-3684569

Chris [Signature]  
5/18/17

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COVER LETTER

17 MAY 17 AM 11:35

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

SUBJECT: House Huggers Home Inspections 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: Chris Paterng  
Name (Printed or typed)

P.O. Box 15502  
Address

Tal. Fl. 32317  
City, State & Zip

850-508-4123  
Daytime Telephone number

househugger@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)

ARTICLE I NAME

The name of the corporation shall be: House Hugger's Home Inspections Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8101 Hugh Ln.  
Tal. Fl. 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing residential  
and commercial building inspections

ARTICLE IV SHARES

The number of shares of stock is: 100

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TAMPA FLORIDA  
17 MAY 17 AM 11:35

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris Paterna Name and Title: President

Address: 8101 Hugh Ln. Address: \_\_\_\_\_  
Tal. Fl.  
32309

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Chris Paterny

Address: 8101 Hugh L. Ave.  
Tal. Fl. 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Chris Paterny

Address: 8101 Hugh L. Ave.  
Tal. Fl. 32309

**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*

Chris Paterny

Required Signature/Registered Agent

5/18/17  
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.*

Chris Paterny

Required Signature/Incorporator

5/18/17  
Date