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(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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To whom this may concern,

I Christopher M Follano have no intentions of reinstating the entity Right 2 Inspect Inc. (Document # -P15000026944) that has been dissolved.

Sincerely,

Christopher M Follano

7. MAY 20 PM 12: 2

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COVER LETTER

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

SUBJECT:	Right 2 Inspe	ct Fnc.	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
	Alayi stanoo	2:	
FROM:	Christophe	(Printed or typed)	
	1849 SW HICKOCL	K TEYT Address	
	POST ST Wife, 1	F1, 34953 State & Zip	
	772 - 360 - 1 Daytime T	5032 elephone number	
	chris follano@		
	E-mail address: (to be used	i 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 II PRINCIPAL OFFICE 1849 SW HICKOCK TEM PORT ST. LUCIE, F1 34953 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Nome inspection business, we complete full inspections for nome buyes, wind mitigations, shuffer inspections, and Certification and four point inspections. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE IV SHARES Name and Title: Christopher Follono Presidentiame and Title: Ashii Follono, vice presidentials for Studie, F1 34953 Name and Title: Address: Name and Title:		1C.	nspect In	on shall be: RIGHT 2 I	The name of the corporation
POA St. Lucie, FI 34953 POA ST. Lucie, FI 34953 POA ST. Lucie, FI 34953 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Right 2 Inspect Inc is a Mome inspection business. We complete full inspections for home buyes, wind mitigations, shuffer inspections, rank Centification and four point inspections. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS ANDIOR DIRECTORS Name and Title: Christophex Follono, President name and Title: Ashii Follono, Vice President name and Title: Ashii Follono, Vice President name and Title: Poa St. Lucie, FI 249 Name and Title: Name and		Mailing adduses if different in			
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The purpose for which the corporation is organized is: RIGHT 2 + 15 PECT FIRC IS a Nome inspection business. We complete full inspections for nome buyes, wind mitigations, shutter inspections, roof certification and four point inspections. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS ANDIOR DIRECTORS Name and Title: Christopher Folland, President name and Title: Ashli Folland, Vice President name and Title: 1849 SW Hickock Tempor Studie, Fl 349 Name and Title: Name and Title: Name and Title: Name and Title: Port Studie, Fl 349	3	7 St-Wcie, F1 34953	<u>Poa</u>	ie, F1 34953	Port St. Luc
for nome buyes, wind mitigations, shutter Inspections, roof Certification and four point inspections. ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS ANDIOR DIRECTORS Name and Title: Christopher Follono, President Name and Title: Ashli Follono, Vice President States 1849 SW Hickock Terry Address: 1849				e corporation is organized is:	The purpose for which the
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Name and Title: Christopher Follono, President Name and Title: Ashli Follono, Vice President Name and Title: Ashli Follono, Vice President Name and Title: Ashli Follono, Vice President Name and Title: Name and Title:				S <u>S</u> tock is: 100	ARTICLE IV SHARE The number of shares of s
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Name and Title:Name and Title:	ier	1849 SW HICKOCK TH	er Address:	1849 SW HICKERT	Address
	953	MA STUCIE, FI 340	353	POA STLUGE, FI 34	
	_	:	Name and Title:_		Name and Title:_
					
	_				
Name and Title:			Name and Title		Name and Title
Address Address:					
					

Name and	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
	Christmanno Tallana	e) of the registered agent is.	
Name:	CITISTOPICS FUNCTION		
Address:	1849 SW HICKOCK TEN		
	POASTUGE, FI 340	<u>53</u>	
	,		
ARTICLE VII	<u>INCORPORATOR</u>		E MAY
The name and ad	Idress of the Incorporator is:		
Name:	Christopher Follan	D	
Address:	1849 SW Hickock Te	m	PILED 20 PM I2: SSPECTION
	porstucie, F132	1953	ODA 21
	EFFECTIVE DATE:		
Effective date, if (If an effective d filing.)	other than the date of filing: late is listed, the date must be specific and ca	(OPTIONAL nnot be more than five days p	.) orior or 90 days after the
	inserted in this block does not meet the application frective date on the Department of State's record		ts, this date will not be listed as
	ned as registered agent to accept service of pro am familiar with and accept the appointment a		
(Valley 1		6/15/17
	Required Signature/Registered Agent	- <u> </u>	Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree f		
Ch	ired Signature/Incorporator		6/15/17
Kequi	red signature/incorporator		Date