

P20000041381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

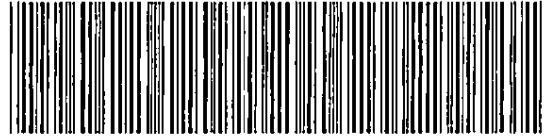
(Business Entity Name)

(Document Number)

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

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2020 JUN -8 PM 2:05

JUN 09 2020  
K Brumbley

FILED  
2020 JUN -8 AM 10:55  
TALLAHASSEE, FL 32302

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLORIDA ELITE HOME INSPECTIONS INC

Signature \_\_\_\_\_

Requested by: BA

6/8/20

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF INCORPORATION**

**FLORIDA ELITE HOME INSPECTIONS INC  
3710 FOGGY VEIL CT  
JACKSONVILLE, FL 32250**

**THE UNDERSIGNED SUBSCRIBER (S) TO THESE ARTICLES OF INCORPORATION,  
NATURAL PERSON(S) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION  
UNDER THE LAWS OF THE STATE OF FLORIDA.**

**ARTICLE 1 CORPORATE NAME**

**THE NAME OF THE CORPORATION IS:  
FLORIDA ELITE HOME INSPECTIONS INC**

**THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS:**

**3710 FOGGY VEIL CT  
JACKSONVILLE , FLORIDA. 32250**

**FILED**  
**2020 JUN -8 AM 10:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE 11 – DURATION**

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING  
TO FLORIDA LAW.**

**ARTICLE 111 – PURPOSE**

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES  
AND THE STATE OF FLORIDA.**

**ARTICLE IV – CAPITAL STOCK**

**THE CORPORATION IS AUTHORIZED TO ISSUE (FIVE HUNDRED ) SHARES (500) OF  
ONE DOLLAR (1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED  
“COMMON STOCK”.**

**ARTICLE V – INITIAL REGISTERED AGENT AND MAILING ADDRESS.**

**THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION : FLORIDA ELITE HOME INSPECTIONS INC  
NAME: GUSS PLAIR**

**PRINCIPLE AND MAILING ADDRESS:  
3710 FOGGY VEIL CT.  
JACKSONVILLE, FLORIDA 32250**

**ARTICLE VI – INITIAL BOARD OF DIRECTORS**

**THIS CORPORATION SHALL HAVE ONE (1) DIRECTOR(S) INITIALLY, THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).**

**CORPORATION DIRECTOR (S )**

**NAME; GUSS PLAIR  
PRINCIPLE MAILING ADDRESS: 3710 FOGGY VEIL CT.  
CITY: JACKSONVILLE, FLORIDA, 32250**

**NAME: \_\_\_\_\_  
PRINCIPAL MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_**

**ARTICLE VII – INCORPORATORS**

**THE NAME AND ADDRESS OF THE PERSON(S) SIGNING THESE ARTICLES OF INCORPORATION ARE AS FOLLOWS:**

**NAME: GUSS PLAIR  
ADDRESS: 3710 FOGGY VEIL CT.  
CITY: JACKSONVILLE STATE: FL ZIP CODE 32250**

**NAME:  
ADDRESS:  
CITY: STATE: FL ZIP CODE**

**CERTIFICATE AND ACKNOWLEDGEMENT FOR REGISTERED AGENT:**

**CEEERFICATE OF REGISTERED AGENT OF:**

**NAME OF CORPORATION : FLORIDA ELITE HOME INSPECTIONS INC.**

**PURUSANT TO FLORIDA STATUE SECTION (48.091) AND (607.304) THE FOLLOWING  
SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE  
STATE OF FLORIDA WITH IT'S REGISTERED OFFICE AS INDICATED IN THE  
ARTICLES OF INCORPORATION:**

**ADDRESS: \_\_\_3710 FOGGY VEIL CT.**

**CITY: JACKSONVILLE STATE: FL ZIP CODE: 32250**

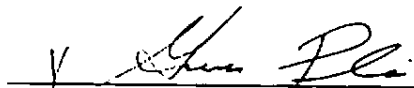
**HAS NAMED: GUSS PLAIR\_\_\_\_\_**

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT  
SERVICE OF PROCESS WITHIN THIS STATE.**

**ACKNOWLEDGEMENT**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE  
PROVISIONS OF FLORIDA LAW IN KEEPING OPENSaid OFFICE.**

**I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS  
REGISTERED AGENT.**



**REGISTERED AGENT: GUSS PLAIR**

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER ( S) HAVE EXECUTED  
THESE ARTICLES OF INCORPORATION THIS 4th DAY OF June 2020

X *Guss Plair*

GUSS PLAIR

STATE OF FLORIDA

COUNTY OF: DUVAL

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN  
THE STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED :  
GUSS PLAIR

KNOWN TO ME AND KNOWN TO BE THE PERSON(S) WHO EXECUTED THE  
FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE  
ME THAT (HE) OR (SHE)

EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HERE UNTO AFFIXED MY HAND AND SEAL, IN THE  
STATE AND COUNTY AFORESAID THIS 6-4-2020 DAY of June 2020

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

*Linda L Wilson*

LINDA L WILSON  
MY COMMISSION NO GG077850  
MY COMMISSION EXPIRES

