## Chrida Destanent of State Evision & Coorations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 Fax Number : (561)842-4104

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: ARCHIE 10152000

## FLORIDA PROFIT/NON PROFIT CORPORATION AAA HOME INSPECTION SERVICES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
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Help

## **COVER LETTER**

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

| SUBJECT: | AAA HOME I | NSPECTIC | ON SERVICE | ES, INC. |            |            |
|----------|------------|----------|------------|----------|------------|------------|
| 002034   | (          | PROPOSED | CORPORATE  | NAME - 1 | JUST INCLU | DE SUFFIX) |

| inclosed are an ong    | ginal and one (1) copy of the at             | deles of meorporation and          | a check for.  |
|------------------------|--|------------------------------------|---|
| ≥ S70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status |
|                        |  | ADDITIONAL CO                      | PY REQUIRED -   |

| North Palm Beach, FL 33408 City, State & Zip  561-844-3600  Daytime Telephone number |                                |
|--|--------------------------------|
| City, State & Zip 561-844-3600   |                                |
| 561-844-3600   |                                |
|  | number                         |
| Daytime Telephone number   | number                         |
|  |                                |
| ARCHIE10152000@YAHOO.COM   |                                |
| E-mail address: (to be used for future annual report notification)                   | re annual report notification) |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| <u>, i.e. ii Prij</u>   | NCIPAL OFFICE   | V (=10;=   | ala 16 at 66 |  |
|---|---|--|--------------|--|
| OUTHARD \$  | Principal street address [REET]   | Mailing address, if different is: 4972 SOUTHARD STREET |              |  |
| ORTH, FL 334  | 33  | LAKE WORTH, FL 3                                       |              |  |
|   |   |  |              |  |
| 7 5 111 - 0/10  | DOCE  |  |              |  |
| rpose for which   | h the corporation is organized is: ANY AND  | ALL LAWFUL BUSINES                                     | s            |  |
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| LEIV SHA  | RES   |  |              |  |
| TLE IV SHA  | RES<br>of stock is: 100   |  |              |  |
| mber of shares  | RES<br>of stock is: 100<br>TAL OFFICERS AND/OR DIRECTORS  |  |              |  |
| mber of shares  | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS   | Name and Title:  |              |  |
| mber of shares  LE V INII  Name and T                                 | TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P. S. T   |  |              |  |
| mber of shares  | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET                       |  |              |  |
| mber of shares  LE V INII  Name and T                                 | TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P. S. T   |  |              |  |
| mber of shares  LE V INII  Name and T                                 | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET                       |  |              |  |
| mber of shares  LE V INIT  Name and T  Address                        | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itie: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Address:   |              |  |
| Name and Ti   | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Address:   |              |  |
| mber of shares  LE V INIT  Name and T  Address                        | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itie: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Address:   |              |  |
| Name and Ti   | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Address:   | C            |  |
| Name and Ti   | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Address:   |              |  |
| Name and Ti Address  Name and Ti Address                              | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Address: Name and Title: Address:                      |              |  |
| Name and Tit Address Name and Tit Address                             | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Name and Title:  Name and Title:                       |              |  |
| nber of shares  LE V INII  Name and T  Address  Name and Tit  Address | of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: ROBERT J. VILLARE, P, S, T  4972 SOUTHARD STREET  LAKE WORTH, FL 33463 | Name and Title:  Name and Title:                       |              |  |

| Name an                                | nd Title:  | Name and Titlo:  |
|--|--|--|
| Address                                | s  | Address:   |
|  |  |  |
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|  |  | <del></del>  |
| ARTICLE VI                             | REGISTERED AGENT   |  |
|  | Torida street address (P.O. Box NOT acceptable) of the   | the registered agent is:   |
| Name:                                  | ROBERT M. KESTEN, ESQ.   |  |
| Address:                               | 712 U.S. Highway One, Suite 400  |  |
|  | North Palm Beach, FL 33408   |  |
|  |  |  |
| ARTICLE VII                            | INCORPORATOR   |  |
| The name and a                         | ddress of the Incorporator is:   |  |
| Name:                                  | ROBERT M. KESTEN, ESQ.   |  |
| Address:                               | 712 U.S. Highway One, Suite 400  |  |
|  | North Palm Beach, FL 33408   |  |
|  |  |  |
| ARTICLE VIII                           | EFFECTIVE DATE:  f other than the date of filing:  | . (OPTIONAL)   |
| (If an effective (filing.)             | date is listed, the date must be specific and cannot   | t be more than five days prior or 90 days after the  |
| Note: If the date the document's c     | e inserted in this block does not meet the applicable seffective date on the Department of State's records.    | statutory filing requirements, this date will not be listed as   |
| Having been nan<br>certificate, I om j | med at registered agent to accept service of process for familiar with and accept the appointment as registere | r the above stated corporation at the place designated in this<br>ed agent and agree to act in this capacity |
|  | Required Signature/Registered Agent  | 2/8/2323<br>Date   |
| I submit the do                        | surfient and affirm that the facts stated herein are the parties of State-constitutes at third degree felony   | true. I am aware that the false information submitted in a as provided for in s.817.155, F.S.                |
| Ble                                    | AT.  | 2/8/2022   |
| Required Signatu                       | ure/incorporator   | Date   |
|  |  | ;- 01  |