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SECRETARY OF STATE  
96 SEP 13 PM 4:05

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-09/13/06-01032-010  
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(Proposed corporate name - must include suffix)

**Additional Copy Required**

Name (printed or typed)

**Address**

City, State &amp; Zip

Daytime Telephone number

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**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Alpha Appraisals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

308 W. LOUISIANA AVE.  
Tampa, FL. 33603

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Samuel Slater  
308 W. LOUISIANA AVE.  
Tampa, FL. 33603

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## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SAMUEL SLATER  
308 W. LOUISIANA AVE.  
TAMPA, FL. 33603  
(813) 239-0042

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9 day of September, 1996.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the corporation is:

Alpha Appraisals, Inc.

2. The name and address of the registered agent and office is:

SAMUEL SLATER  
(NAME)  
308 W. LOUISIANA AVE.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
TAMPA, FL, 33603  
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(SIGNATURE)

Sept 9, 1996  
(DATE)