

TRANSMITTAL LETTER
P97000076799

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

SUBJECT: Accredited Home Inspection Services, Inc.

Proposed corporate name - must include suffix)

10/01/97 10:00:00 AM
10/01/97 10:00:00 AM

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Roger S. Stapf

Name (Printed or typed)

1025 Saxon Lane

Address

Holiday, Florida 34691

City, State & Zip

(813) 945-0357

Daytime Telephone member

FILED
97 SEP -4 AM 8:41
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

B. McKnight SEP 05 1997

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Accredited Home Inspection Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1025 Saxon Lane
Holiday, Fl. 34691

ARTICLE III SHARES

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

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

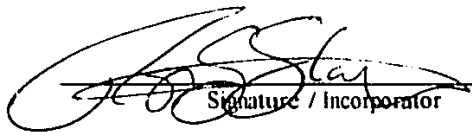
The name and Florida street address of the initial registered agent are:

Roger S Stapf
1025 Saxon Lane
Holiday, Fl 34691

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

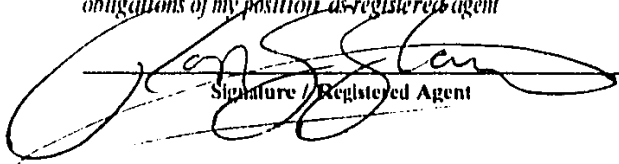
Roger S Stapf
1025 Saxon Lane
Holiday, Fl 34691


Signature / Incorporator

Sept 2, 1997
Date

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

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 / Registered Agent

Sept 2, 1997
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA