

P98000009341

TRANSMITTAL LETTER

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

SUBJECT: STAPLETON'S INSPECTION'S INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for 01/29/98--01097--001

☐ \$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: ROBERT M.S. STAPLETON  
Name (Printed or typed)

20 BRADLEY CT  
Address

CRAWFORDVILLE FL 32327  
City, State & Zip

850-926-9563  
Daytime Telephone number

RECEIVED  
98 JAN 29 PM 2:41  
DIVISION OF CORPORATION  
FILED  
98 JAN 29 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

STAPLETON'S INSPECTION'S INC.

### ARTICLE II PRINCIPAL OFFICE

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

20 BRADLEY CT CRAWFORDVILLE FL 32327

### ARTICLE III SHARES

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

2

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBERT M.S. STAPLETON  
20 BRADLEY CT  
CRAWFORDVILLE FL 32327

### ARTICLE V INCORPORATOR

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

ROBERT M.S. STAPLETON  
20 BRADLEY CT  
CRAWFORDVILLE FL 32327

  
Signature/Incorporator

1-29-98  
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

1-29-98  
Date

FILED  
98 JAN 29 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA