## P98000087899

ASheroff INSPECTIONS Conference (Proposed corporate name - must include suffix)

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

300002663253--6 -10/14/98--01024--012 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is an original a  \$70.00 Filing Fee	and one(1) copy of the article  78.75 Filing Fee & Certificate	les of incorporation and a  \$122.50 Filing Fee & Certified Copy	check for:  \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIREDS	C. T. C.
FROM: EuGene E. Asheroft Name (Printed or typed)  3839 Beechwood DR Address				
<u>_/</u> -	do Lipay Eity,	1. 34691 State & Zip		
	727-934-8573	3 - 727-808	-2091	

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

## 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.

The name of the corporation shall be: Ash croft Inspections

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3839 Beechwood DR.

HOLIDAY, FL. 34691

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: / 6 @

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eugene E. Asherer 3839 Beechwood DR, Holipay, Fl. 34691

## ARTICLE V INCORPORATOR

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

THELMA I AShCROFT

3839 Beechwood PR,

HOLIDAY, FL. 34691

(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