

TRANSMITTAL LETTER

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

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-04/19/99--01084--010
*****78.75 *****78.75

SUBJECT: A Class Home Inspection, Inc.
(Proposed corporate name must include suffix)

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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: RONNIE L. Smith
Name (Printed or typed)

1923 SANDPIPER DR.
Address

CLEARWATER, FL 33764
City, State & Zip

727-535-3542
Daytime Telephone number

F. CHESSEB APR 21 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

A CLASS Home Inspection, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*A CLASS Home Inspection, Inc
c/o RON L. SMITH
1923 SANDPIPER DR.; CLEARWATER, FL 33764*

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*RONNIE L. SMITH
1923 SANDPIPER DR.
CLEARWATER, FL 33764*

ARTICLE V INCORPORATOR

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

*RONNIE L. SMITH
1923 SANDPIPER DR.
CLEARWATER, FL 33764*

Ronnie L. Smith

Signature/Incorporator

4/15/99

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

Ronnie L. Smith

Signature/Registered Agent

4/15/99

Date

99 APR 19 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED