

P99000067693

 Registrar's Name

 Dennis Brownlee
 12249 Spring Hill Dr
 Spring Hill, FL 34609

 Phone #

FILED
 99 JUL 29 AM 1:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Assured Home Inspection, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. 352-684-2689 No answer / No machine
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 *****70.00 *****70.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

No copy Enclosed

7/30/99

 Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 19, 1999

DENNIS BROWNLEE
12249 SPRING HILL DR.
SPRING HILL, FL 34609

SUBJECT: ASSURED HOME INSPECTION, INC.
Ref. Number: W99000016510

We have received your document for ASSURED HOME INSPECTION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Michelle Milligan
Document Specialist

Letter Number: 999A00036859

ARTICLES OF INCORPORATION
OF
ASSURED HOME INSPECTION SERVICE, INC.

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE 1
NAME

THE NAME OF THIS CORPORATION IS: ASSURED HOME INSPECTION SERVICE, INC.

ARTICLE 2
TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE 3
NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE 4
CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THE CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1,000 SHARES OF COMMON STOCK HAVING A PAR VALUE OF 10 CENTS PER SHARE. THIS MAY CHANGE SUBJECT TO AUTHORIZATION FROM THE BOARD OF DIRECTORS.

ARTICLE 5
ADDRESS

THE INITIAL STREET ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA IS: 1753 W FLETCHER AV TAMPA, FLORIDA 33612. THE CORPORATION MAY FROM TIME TO TIME MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
99 JUL 29 AM 8:10

ARTICLE 6
INCORPORATORS

THE NAMES AND ADDRESSES OF THE INCORPORATORS ARE AS FOLLOWS: JAMES H. COOLIDGE 1753 W FLETCHER AV TAMPA, FLORIDA 33612.

ARTICLE 7
DIRECTORS

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BYLAWS, BUT SHALL NEVER BE LESS THAN ONE. THE NAME AND ADDRESS OF THE INITIAL DIRECTOR OF THIS CORPORATION IS: JAMES H. COOLIDGE 1753 W FLETCHER AV TAMPA, FLORIDA 33612.

ARTICLE 8
SUBSCRIBER

THE NAME AND ADDRESS OF THE PERSON SIGNING THESE ARTICLES IS: JAMES H. COOLIDGE 1753 W FLETCHER AV TAMPA, FLORIDA 33612.

ARTICLE 9
REGISTERED AGENT

JAMES H. COOLIDGE 1753 W FLETCHER AV TAMPA, FLORIDA 33612, IS HEREBY DESIGNATED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITH THE STATE OF FLORIDA, FOR AND ON BEHALF OF THIS CORPORATION.

ARTICLE 10
EFFECTIVE DATE

THESE ARTICLES OF INCORPORATION SHALL BE EFFECTIVE UPON THE FILING WITH THE SECRETARY OF STATE OF THE STATE OF FLORIDA.

**ARTICLE 11
INDEMNIFICATION**

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICER OR DIRECTOR TO THE FULL EXTENT PERMITTED BY LAW.

**ARTICLE 12
AMENDMENT**

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS AND APPROVED AT A STOCKHOLDERS' MEETING BY AT LEAST A MAJORITY OF THE STOCK ENTITLED TO VOTE, UNLESS ALL OF THE DIRECTORS AND ALL OF THE STOCKHOLDERS SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT CERTAIN AMENDMENT OF THESE ARTICLES OF INCORPORATION BE MADE.

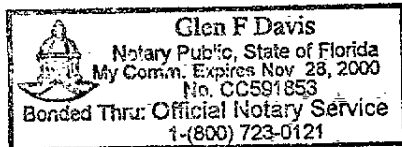
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99 JUL 29 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED, JAMES H. COOLIDGE, TO ME WELL KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION AND ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THE SAME FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND SEAL IN THE COUNTY AND STATE AFORESAID THIS 28th DAY OF July, 1999.



Glen F. Davis
NOTARY PUBLIC

MY COMMISSION EXPIRES:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

James H. Coolidge
JAMES H. COOLIDGE
REGISTERED AGENT/INCORPORATOR