

TRANSMITTAL LETTER

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

P99000080397

FILED  
99 SEP -3 PM 12:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

SUBJECT: Pam's Home Check Service, Inc.  
(Proposed corporate name - must include suffix)

500002978055--3  
-09/03/99--01025--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Pam Walling  
Name (Printed or typed)

800 Misty Pines Circle  
Address

Naple, FL 34105  
City, State & Zip

941 435 7773  
Daytime Telephone number

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

F. CHAMBERLAIN SEP 10 1999

## 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:

Pam's Home Check Service, Inc

### ARTICLE II PRINCIPAL OFFICE

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

800 MISTY PINES CIRCLE  
NAPLES, FL 34105

### 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:

Pam Walling  
800 MISTY PINES CIRCLE  
NAPLES, FL 34105

### ARTICLE V INCORPORATOR

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

PAM WALLING  
800 MISTY PINES CIRCLE  
NAPLES, FL 34105

Pam Walling  
Signature/Incorporator

9-1-99

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

Pam Walling  
Signature/Registered Agent

9-1-99

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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