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

Lorida Home	INSPECTION	1 AGEN	4 ZUC
(Froposed corpor		0 <b>000301</b> 7 -107.19799	77819 01011007 *****78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	& Certificate o Status	
Name (Pr	rinted or typed)  LUC  Address	TALLAHASSEE, FLORIDA	APPROVED  S90CT 19 AM 8: 38
	(Proposed corporal al and one(1) copy of the articles  \$78.75 Filing Fee & Certificate of Status    General E. SAS     Name (Proposed corporal)	(Proposed corporate name - must include sufficient and one(1) copy of the articles of incorporation and a comparison of the articles of incorporat	(Proposed corporate name - must include suffix)  1

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

Daytime Telephone number

## 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: Florida Home Tuspection Acency Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 8500 Heatther Blud Week: Wachee, Fla. 34613 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

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

CERAID S. SASLAW

8500 HEAVHER BLUCK
WEEKI WACKE Fla. 34613

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

CERAID S. SASLAW

8500 HEAVHER BLUCK

WEEKI WACKE Fla. 34613

OBSOLUTION OF THE PROPERTY OF THE PROPE

(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

Outail Starlars 10-18-99
Signature/Registered Agent Date