12000021298 RHOME INSPECTIONS

Box 540122 Lk. Worth, FL 33454 561-333-3853 Fax 561-333-1156

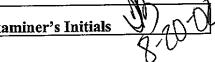
City/State/Zip

Phone #

400007204964--2 -08/19/02-01072-002 ****125.00 ****125.00

	Office Use Only	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	-
Masternome Inspers	ions, LLC (Document #)	
Corporation Name)	(Document #)	. A ≜·
3. (Corporation Name)	Heti Houndelle	-· <u>*</u>
4. (Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit	Certified Copy SECOND Certificate of Status Cert	APPRUVE AND FILED 02 AUG 19 AM 11: 18
Limited Liability Domestication Other	Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: MASTERHOME INSPECTIONS, "LLC"
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: //162 Silver Ridge Street Wellington, Fl 33467
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name 11162 Silver Ridge STREET Florida street address (P.O. Box NOT acceptable) Welling Ton FL 33467 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. MARTICLE V Effective Date 8/14/02 (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) WAYNE H. SAXON Typed or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)