



Professional home inspection service

904-829-8730

202000025056

September 20, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314


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-09/24/02--01031--001  
\*\*\*130.00 \*\*\*130.00

Dear Sir or Madam:

Please process the enclosed Articles of Organization application. My company, Home Report, is being formed for the purpose of residential home inspections.

Please call me at 904-829-8730 if you have any questions.

Sincerely,

  
Tom Cutter  
Member

FILED  
02 SEP 24 AM 10:15  
TALLAHASSEE, FLORIDA

9/25  
ust

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOME REPORT, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

116 RIVER PLANTATION ROAD  
ST. AUGUSTINE, FL 32092

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

THOMAS L CUTTER

Name

116 RIVER PLANTATION ROAD

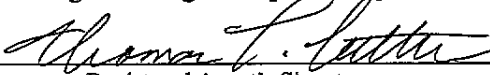
Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE FL 32092

City, State, and Zip

FILED  
02 SEP 26 AM 10:11  
TALLAHASSEE, FLORIDA

*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.*

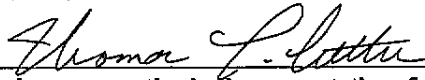


Registered Agent's Signature

**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.

(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.)

THOMAS L. CUTTER

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)