

100000028633

FILED

02 OCT 28 PM

SECRETARY OF STATE
TALLAHASSEE, FL

(Requestor's Name)

(Address)

(Address)

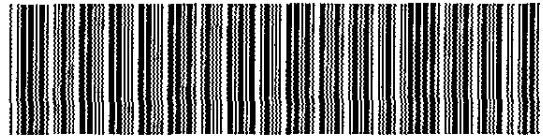
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



100008490581

AL

Special Instructions to Filing Officer:

RECEIVED

02 OCT 28 PM 12:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

Office Use Only



FILED
02 OCT 28 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 795083 7354914

AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 125.00

ORDER DATE : October 24, 2002

ORDER TIME : 11:15 AM

ORDER NO. : 795083-001

CUSTOMER NO: 7354914

CUSTOMER: Mr. James E. Poon
Mr. James E. Poon

625 Country Club Drive

Titusville, FL 32780

DOMESTIC FILING

NAME: SPACE COAST CERTIFIED MOLD
INSPECTORS, LLC

EFFECTIVE DATE: --

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPACE COAST CERTIFIED MOLD INSPECTORS, LLC

02 OCT 28 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

625 Country Club Drive, Titusville, Florida 32780

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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.

Corporation Service Company

By: Deborah D. Skipper
Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres.

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)

Deborah D. Skipper
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.)

Deborah D. Skipper
Typed or printed name of signer

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)

FILED

02 OCT 28 PM 3:53

MANAGING MEMBERS OF: SPACE COAST CERTIFIED MOLD INSPECTORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James Poon
Managing Member

625 Country Club Drive
Titusville, Florida 32780

Leigh Ann Poon
Managing Member

625 Country Club Drive
Titusville, Florida 32780

dew

FILED

LIMITED POWER OF ATTORNEY

02 OCT 28 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SPACE COAST CERTIFIED MOLD INSPECTORS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 28th day of October, 2002.

Signature

James E. POON
Print Name of Signer

WITNESS:

Signature

Sharon K. LIVINGSTON
Print Name of Witness

WITNESS:

Signature

Cheryl Reynolds
Print Name of Witness