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(Re	equestor's Name)	
(Ac	idress)	
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(Cii	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 17, 2003

RAY A. MARTIN 7870 ROCKPORT CIRCLE LAKE WORTH, FL 33467

SUBJECT: UNIVERSAL HOME INSPECTIONS, LLC

Ref. Number: W03000010980

We have received your document for UNIVERSAL HOME INSPECTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by amember or by the authorized representative of a member.

Please note that this signature is required separately from the registered agent's signature, even if the same person signs in both capacities.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist Letter Number: 203A00023112

April 14, 2003

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

To Whom It May Concern,

Attached is the Articles of Organization for Florida Limited Liability Company, and check #4026 in the amount of \$155.00 for the total amount of filing fees plus the optional Certified Copy.

Below is the information requested:

Ray A. Martin 7870 Rockport Circle Lake Worth, FL 33467 Tel: 561-968-0021

Fax: 561-968-0120

If any more information is required please call me at the number shown above.

Regards,

Ray Martin



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 17, 2003

RAY A. MARTIN 7870 ROCKPORT CIRCLE LAKE WORTH, FL 33467

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Ref. Number: W03000010980

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Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please note that this signature is required separately from the registered agent's signature, even if the same person signs in both capacities.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist 03 APR 29 AH 9:51

Letter Number: 203A00023112

ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim Universal Home In:	ited Liability Company is: —	
	ress: and street address of the principal office of the Limited Liability Cole, Lake Worth, FL 33467	ompany is:
ARTICLE III - Reg	istered Agent, Registered Office, & Registered Agent's Signatu	ıre:
The name and the Flo	orida street address of the registered agent are:	
	Ray A. Martin	
_	Name	
	7870 Rockport Circle —	
-	Florida street address (P.O. Box NOT acceptable)	
	Lake Worth, FL 33467 FL	
	City, State, and Zip	
	City, State, and Zip as registered agent and to accept service of process for the above stathe place designated in this certificate, I hereby accept the appointm agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar is of my position as registered agent as provided for in Chapter 608, Registered Agent's Signature additional article must be added if an effective date is requested)	
	Kan A Mot	9.57
	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.)	
	RAY A. MARTIN Typed or printed name of signce	
	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)	