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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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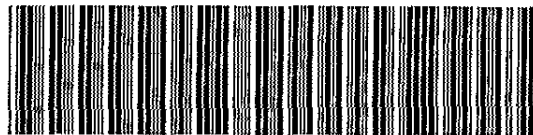
(Business Entity Name)

(Document Number)

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FILED
2003 JUN 19 AM 11:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03-16682
J. BRYAN JUN 11 2003
J. BRYAN JUN 24 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE STATE HOME INSPECTION & CONSTRUCTION SERVICES LIMITED LIABILITY COMPANY
(Name of Limited Liability Company) - FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN MAURER

(Name of Person)

THE STATE HOME INSPECTION & CONSTRUCTION SERVICES LIMITED LIABILITY COMPANY - FLORIDA
(Firm/Company)

11356 REDBUD LANE

(Address)

BONITA SPRINGS, FLORIDA - 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN MAURER

(Name of Person)

at (239) 498-1104

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2003 JUN 19 AM 11:09
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 11, 2003

JOHN MAURER
11356 RED BUD LANE
BONITA SPRINGS, FL 34135

SUBJECT: THE STATE HOME INSPECTION & CONSTRUCTION SERVICES
LIMITED LIABILITY COMPANY
Ref. Number: W03000016682

FILED
2003 JUN 19 AM 11:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for THE STATE HOME INSPECTION & CONSTRUCTION SERVICES LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete Article I & II of application.,

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

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 203A00036260

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE STATE HOME INSPECTION + CONSTRUCTION SERVICES LIMITED LIABILITY COMPANY,

ARTICLE II - Address:

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

11356 REDBUD LANE, BONITA SPRINGS, FL 34135

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

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

JOHN MAURER
Name

11356 REDBUD LANE
Florida street address (P.O. Box **NOT** acceptable)

BONITA SPRINGS FL 34135
City, State, and Zip

FILED
2003 JUN 19 AM 11:06
JULY 14, 2003
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.

John Maurer
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

John Maurer
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.)

JOHN MAURER
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)