

L03000033563

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

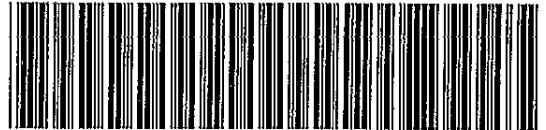
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09/05/03--01051--017 **46.25

08/26/03--01014--011 **78.75

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03 SEP -5 AM 11:23
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 28, 2003

H. DAVIS UPCHURCH, JR.
UPCHURCH & ESPOSITO, P.A.
PO BOX 3956
SAINT AUGUSTINE, FL 32085

SUBJECT: HOMEFIRST INSPECTION SERVICES, LLC
Ref. Number: W03000024665

SEP 01 2003
TALLAHASSEE, FLORIDA

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We have received your document for HOMEFIRST INSPECTION SERVICES, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return the original and one copy of 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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 403A00048614

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMEFIRST INSPECTION SERVICES, LLC.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

H. DAVIS UPCHURCH, JR., ESQ.
(Name of Person)

UPCHURCH & ESPOSITO, P.A.
(Firm/Company)

1510 N. Ponce de Leon Blvd.
(Address)
St. Augustine, Florida 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

H. DAVIS UPCHURCH, JR., ESQ. at (904) 825-1990
(Name of Person) (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

Via Federal Express
Return by Federal Express
Check for \$46.25 enclosed

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HOMEFIRST INSPECTION SERVICES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

811 Mickler Blvd.
St. Augustine, Florida 32080

Mailing Address:

PMB 129
1093 A1A Beach Blvd.
St. Augustine, Florida 32080

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

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

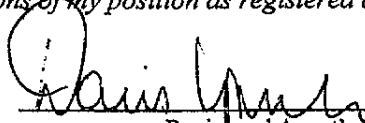
H. DAVIS UPCHURCH, JR., ESQ.

Name
UPCHURCH & ESPOSITO, P.A.
1510 N. Ponce de Leon Blvd.
Florida street address (P.O. Box NOT acceptable)
St. Augustine FL 32084
City, State, and Zip

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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
H. DAVIS UPCHURCH, JR., ESQ.

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Shawn B. Rowe

PMB 129

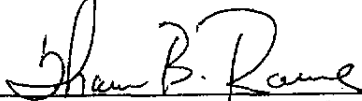
1093 AIA Beach Blvd.

St. Augustine, Florida 32080

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

SHAWN B. ROWE

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)

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