L03000056815

(Requestor's Name)		
(Address)		
(.a		
(Address)		
(Oit /Out /7in file one If		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
	_	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
	1	
Special Instructions to Filing Officer:		
Office Lice Only		



300025116703

12/18/03--01038--003 **125.00



J. BRYAN DEC 3 0 2005



December 15th, 2003

I would like to start a business by the name of Next Day Home Inspection. Therefore, I have included a check for 125.00 dollars for the Filing fees for Articles of Organization and for designated register agent.

Should you have any questions you can reach me at 321-231-9527.

Thank you

Oscar E. Zardoya

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Next Day Hone Turned ions Live
(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:

Oscar E. Zardoya
(Name of Person)

Mext Day Hone Turnedian Lice
(Firm/Company)

631 Le Keshore Dr.
(Address)

Maitland, Fl. 32751

For further information concerning this matter, please call:

OScare E. Zardoya at (321) 231-527

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGA FOR FLORIDA LIMITED LIAB	Algoria Company
The name of the Limited Liability Company is:	NO M
Next Day Home Iv	spection LLC
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Oscart. Zardoya	631 La Keshore Wr. Maitland, F

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

DSCAR E. Zerdoya

631 La Keshare Dr.
Florida street address (P.O. Box NOT acceptable)

32751 Maitland FLORIDA
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, Florida Statutes..

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member Manager	Name and Address:	
	Oscar E. Zardoyo 631 Le Reshore Dr. Matter Fl. 3225	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:	utherized representative of a member.	
(In accordance with section 608	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	

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

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)