

L040000028108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

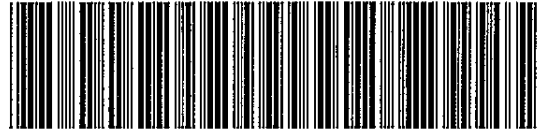
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300031318743

04/06/04--01016--008 **125.00

04/06/04 5 AM 10:33
CLERK/STATE
-ALLAHASSEE, ALABAMA

APPROVED
FILED

Handwritten signature/initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED HOME INSPECTION 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:

BRYAN O'HALLORAN
(Name of Person)

ADVANCED HOME INSPECTION LLC
(Firm/Company)

503 KENWOOD AVENUE
(Address)

MERRITT ISLAND, FL 32952
(City/State and Zip Code)

For further information concerning this matter, please call:

BRYAN O'HALLORAN at (321) 7142 452-7124
(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

04 APR -5 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED HOME INSPECTION LLC

ARTICLE II - Address:

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

Principal Office Address:

503 KENWOOD AVENUE

MERRITT ISLAND, FL 32952

Mailing Address:

503 KENWOOD AVENUE

MERRITT ISLAND, FL 32952

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

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

BRYAN O'HALLORAN

Name

503 KENWOOD AVENUE

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

MERRITT ISLAND

FLORIDA 32952

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..



Registered Agent's Signature

FILED
AND
04 APR -5 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

BRYAN O'HALLORAN

503 KENWOOD AVENUE

MERRITT ISLAND, FL 32952

MGRM

JAMES HUSTON


1775 MONITOR STREET

MERRITT ISLAND, FL 32952

(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.)

BRYAN O'HALLORAN

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)

04 APR -5 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND
FILED