

L04000040314

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
04 MAY 19 AM 9:01

WARD HOME INSPECTIONS, LLC

779 Lina Court
St. Augustine, FL 32086
(904) 797-1988
(904) 466-0320 Cell

Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: LLC Registration

Please accept this registration application for a Limited Liability Company for Ward Home Inspections. My daytime telephone numbers are; (904) 797-1988 and (904) 466-0320.

Thank you



Bill Ward
Registered Agent Applicant / Owner

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WARD HOME INSPECTIONS, 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:

BILL WARD
(Name of Person)

WARD HOME INSPECTIONS, LLC
(Firm/Company)

(MAILING) 779 LINA COURT
ADDRESS (Address)

ST. AUGUSTINE, FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

BILL WARD at (904) 797-1988
(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

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DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WARD Home INSPECTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1960 US SOUTH
PMB 328
ST. AUGUSTINE, FL 32086

Mailing Address:

779 LINA COURT
ST. AUGUSTINE, FL 32086

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

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

BILL WARD
Name

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

ST. AUGUSTINE, FLORIDA 32086
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..

Bill Ward
Registered Agent's Signature

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DIVISION OF CORPORATIONS
04 MAY 19 PM 3:00

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

BILL WARD
779 LINA COURT
ST. AUGUSTINE, FL 32086

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Bill Ward
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.)

BILL WARD
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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