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TALLAHASSEE, FLORIDA  
CORPORATIONS

J. BRYAN AUG 13 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAR SOL 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:

MARK P. SOLIMAN  
(Name of Person)

MAR SOL Home INSPECTIONS, LLC  
(Firm/Company)

1924 THE SY DRIVE  
(Address)

MELBOURNE, FL 32940  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK P. SOLIMAN at ( 321 ) 212-8657  
(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  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MARSOL 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:**

1924 TERRY DRIVE

MELBOURNE, FL 32940

**Mailing Address:**

1924 TERRY DRIVE

MELBOURNE, FL 32940

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

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

MARK P. SOLIMAN  
Name

1924 TERRY DRIVE

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

MELBOURNE, FLORIDA 32940  
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..*

Mark P. Soliman  
Registered Agent's Signature

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CLERK OF CIRCUIT COURT  
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:**

MGR

MARK P. SOLIMAN  
1924 THEBY DRIVE  
MELBOURNE, FL 32940

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(Use attachment if necessary)

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2004 AUG 11 PM 1:36  
SECRETARY OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**REQUIRED SIGNATURE:**

Mark P. Soliman  
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.)

MARK P. SOLIMAN  
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)