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TRANSMITTAL LETTER

, IIVANSIVII.	ITALLETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Timely Home Inspection Services, L		
(Name of Limite	ed Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Russell H. Goyette		
	Name of Person)	·····
Timely Home Inspection Services, LLC		
	(Firm/Company)	
2687 Keene Ln.		
	(Address)	· · · · · · ·
Deltona, FL 32725		
(City	/State and Zip Code)	
For further information concerning this matter, please	call:	
Russell H. Goyette	at (386) 532-0749	
(Name of Person)	(Area Code & Daytime T	elephone Number)
		±SE O+
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	☐ \$155.00 Filing Fee &	SECTION OF STATE OF S
Certificate of Status	Certified Copy (additional copy is enclosed)	Cerunicate of Status &
	(managem orb) is onelosed)	Certified Copy (additional copy is enclosed)
		BDA : 08
STREET ADDRESS:	MAILING A	DDRESS:

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

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
Timely Home 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:	Mailing Address:
2687 Keene Ln	2687 Keene Ln
Deltona, FL 32725	Deltona, FL 32725
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:
R	ussell H. Goyette
-	Name
	2687 Keene Ln
Florida	street address (P.O. Box NOT acceptable)
	Deltona, FL 32725
Ci	ty, 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 [18], F.S.

Registered Agent's Signature

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(CONTINUED)

Page 1 of 2

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	Russell H. Goyette
	2687 Keene Ln
	Deitona, FL 32725
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
:	Russell H. Goyette
	amed or printed name of ciones

Filing Fees:

\$1.25.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SEUNETARY OF STATE
TALLAHASSEE FLOORE