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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: HOMERU	JN HOME INSPECTIONS,	LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
DARREN			
	(î	Name of Person)	
HOMERUN HOME I	NSPECTIONS, LLC		
	C	Firm/Company)	
1795 COVE	LAKE ROAD		
		(Address)	
NOR*	TH LAUDERDALE, FL 3306	68	
	(City/	State and Zip Code)	 _
For further information of	concerning this matter, please	call:	
MICHAEL BELL		at (954) 593-3454	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		~
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Satus & Certified Copy (additional copy is enclosed)
STDE	FT ADDDESS.	BAATI INICA	DDDFCC.

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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RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is: HOMERUN HOME INSPECTIONS, LLC				
Principal Office Address:	Mailing Address:			
1795 COVE LAKE ROAD	1795 COVE LAKE ROAD			
NORTH LAUDERDALE, FL 33068	NORTH LAUDERALE, FL 33068			
DARREN LEWIS	Name			
1795 COVE LAKE RO				
	street address (P.O. Box NOT acceptable)			
NORTH LAUDERDAL	E, _{FL} 33068			
City	y, State, and Zip			
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter, 608, F.S			
Registere	d Agent's Signature			

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DARREN LEWIS 1795 COVE LAKE ROAD NORTH LAUDERDALE, FL 33068
(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.)

DARREN LEWIS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

SECRETARY OF STATE