

L05000024235

(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



900047210409

03/07/05--01046--021 \*\*125.00

W 03/10/05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 MAR -7 PM 1:26

FILED

g

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 'Ld Casa' 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:

David A. Valencia  
(Name of Person)

'Ld Casa' Home Inspections  
(Firm/Company)

6700 NW 28<sup>th</sup> Avenue  
(Address)

Ft. Lauderdale, FL 33309  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Valencia at (954) 618-8226  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
2005 MAR -7 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |                                                         |                                                                      |                                                                                                |                                                                                                                       |
|---------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

**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 Company is:

'Ld Casa' 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:**

6700 NW 28<sup>th</sup> Avenue  
Ft. Lauderdale, FL 33309

**Mailing Address:**

6700 NW 28<sup>th</sup> Ave.  
Ft. Lauderdale, FL 33309

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

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

David A. Valencia  
Name

6700 NW 28<sup>th</sup> Avenue  
Florida street address (P.O. Box **NOT** acceptable)  
Ft. Lauderdale FL 33309  
City, State, and Zip

FILED  
2005 MAR - 7 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, F.S..*

David A. Valencia  
Registered 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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR.

David A. Valencia  
6700 NW 28 Ave  
Ft. Lauderdale, FL 33308

MGRM

Katherine Valencia  
6700 NW 28 Ave.  
Ft. Lauderdale, FL 33308

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

David A. Valencia  
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.)

David A. Valencia  
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  
TALLAHASSEE, FLORIDA

2005 MAR -7 PM 1:26

FILED