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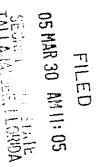
(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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T. Brumbley APR 1 2005

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: A-1 Home Inspections LLC (Name of I imited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
CARI BARONE
1
A-1 Home Inspections LLC
(Firm/Company)
120 Lehave Terr. Suite 117
North PAIM Beach, FL. 33408
For further information concerning this matter, please call:
For further information concerning this matter, please call:  CARI BARONE at (561) 841-4981  (Name of Person)  (Area Code & Davtime Telephone Number)
TARGE COUR OF THE PROPERTY OF

STREET ADDRESS:

Registration Section
Division of Corporations
409 F. 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:	
A-1 Home Inspe	ctions LLC
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
120 Lehave Tera Suite 117	120 Lehave Ten. Suite 117
· North PAlm Beach, FZ.	120 Lehove Ton. Suite 117 North PA/M Boach, FL
33408	33408
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis  CALL BIALOG  Name  120 Lehave Texa  Worth Palm Beach  City State and 2	Scife 117  Scife 117  OX NOT acceptable)  FLORIDA, 33408

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.

Projete and Agent's Signature

Page 1 of 2 (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>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	CARI BARONE
-	120 Lehane Ten. Suite 117 North PAM Beach, FL
	33408
WT 44 3 410 X	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURES	LANGE MAN T
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	n authorized representative of a member.
	in astractized representative of a member.  ions 408(3). Florida Statutes, the execution affirmation under the penalties of perjury etrue.)
	D and a second

### 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)