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T. Brumbley APR 2 1 2005

TRANSMITTAL LETTER

Registration Section TO: Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YMENA Boh. FL. 37168 (City/State and Zip Code) For further information concerning this matter, please call:

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

STREET ADDRESS:

Division of Corporations

Tallahassee, Florida 32399

Registration Section

409 E. Gaines Street

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 13, 2005

ENRICO BANIGNI R&R HOME INSPECTIONS 115 ROBERT ST. NEW SMYRNA BEACH, FL 32168

SUBJECT: R'N'R HOME INSPECTIONS

Ref. Number: W05000018565

We have received your document for R'N'R HOME INSPECTIONS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 305A00025201

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: R'n' R Home Inspect	Frons 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:
115 Robert St.	115 Robert St.
New SmyRNA Bch. FL.	New SmyRNAFEL.
32168	32168
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registered.	
Enrico Bernar	05 APR 2
Florida street address (P.O. Box No.	
New Smykwa Beleft City, State, and Zip	ORIDA 32168

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..

Registered eigent'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:

MGRM" = Managing Member NONE (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: (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.)	<u>Title:</u> "MGR" = Manager "MGR" = Manager	Name and Address:	
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that the facts stated herein are true.)	that the facts stated herein are	true.)	U.
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)