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	(Requestor's Name)
	(Address)
<u>.</u>	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certif	jed Copies Certificates of Status
Spe	cial Instructions to Filing Officer:
4	por FCIC
	` Office Use Only



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TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: DAVID BOZEMAN HO	me Inspectors, L.L.C.						
(Name of Limited I	Liability Company)						
The enclosed Articles of Organization and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to	o the following:						
John David Bozeman (Name of Person)							
(Nar	me of Person)						
David Bozeman Hon	ne Inspectors, L.L.C						
P.O.Box 2114 (Address)							
(Address)							
SILVER SPRINGS FL 34489 (City/State and Zip Code)							
Спулзи	ac ma zip codey						
For further information concerning this matter, please ca	n:						
David Bozeman at	(Area Code & Daytime Telephone Number)						
(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:							
Certificate of Status	Certified Copy (additional copy is enclosed) \$155.00 Filing Fee, Certificate of Status & Certified Copy (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 - Na The name of the L	ame: Limited Liability Compa	iny is:			
divAd	Bozeman	Home Inspector	s,L	_, <u>L</u> ,	<i>C</i> .
ARTICLE II - A The mailing addre		the principal office of the Limited Lia	bility Com	npany is	s:
Principal Office	Address: 70th Terrace	Mailing Address: P.O. BOX 21 Silver Springs FL.	14		~···
Orala Fl	2 34482	SILVER SprINGS FL.	<u>34489</u>	l	
		stered Office, & Registered Agent's	Signature	:	
the name and the	John Dowi	of the registered agent are: A BOZEMAN Name			
		Tekence reet address (P.O. Box NOT acceptable)			
	Ocala	FL 34487 State, and Zip	e .		
liability comp registered agent i statutes relating	any at the place designat and agree to act in this c g to the proper and comp	and to accept service of process for the a ted in this certificate, I hereby accept the apacity. I further agree to comply with alete performance of my duties, and I am as registered agent as provided for in C	e appointm the provisi familiar w	ent as ons of a vith and	all
	1 John Da	id Bogenon	ż		
	' / Registered	Agent's Signature	7	05 AFR	t : Wras
	СО	NTINUED)		22 PH	1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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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_	John David BozemAn 880 NW 70th TERRACE. Ocala, FL 34482
 • • · · ·	
(Use attachment if necessary)	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.
Signature of a member of	r an authorized representative of a member. n 608.408(3), Fiorida Statutes, the execution es an affirmation under the penalties of perjury
that the facts stated here	in are true.) 10 BozemAN 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)