

LO5000050462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

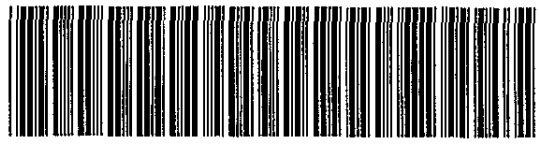
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/10/05

Philip A. McLeod, Esq.

*540 Fourth Street North
Saint Petersburg, Florida 33701
Ph.: 727-823-2527
Facsimile: 727-823-4622*

May 10, 2005

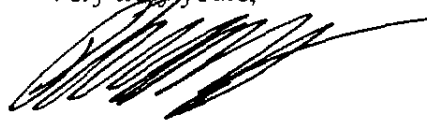
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Top Shelf Home Inspections, L.L.C.

Gentlemen:

Enclosed please find the Articles of Organization, Designation of Resident Agent, and our check in the amount of \$130.00 for the required filing fee and Certificate of Status. Please send your letter of acknowledgment to this office. Thanking you for your kind attention in this matter, I remain

Very truly yours,



Philip A. McLeod

PAM
Enclosures
cc: Dan Weir

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
TOP SHELF HOME INSPECTIONS, L.L.C.

The undersigned, acting as organizer of a limited liability company under the laws of the State of Florida, adopts the following Articles of Organization for such limited liability company.

Article 1. Name of Limited Liability Company. The name of this limited liability company is TOP SHELF HOME INSPECTIONS, L.L.C.

Article 2. Address. The mailing address and street address of the principal office of the Limited Liability Company is:

4627 Columbus Way South, St. Petersburg, Florida 33712

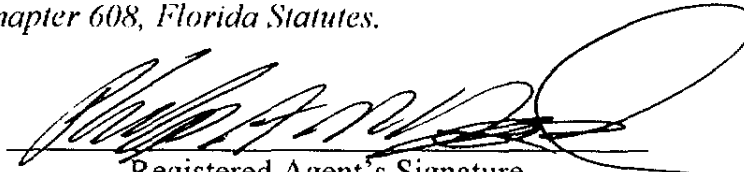
Article 3. Registered Agent, Registered Office and Registered Agent's Signature. The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

Name: Philip A. McLeod, Esquire

Address: 540 - 4th Street North
St. Petersburg, FL 33701

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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 Agent's Signature

5/10/05

Article 4. Managing Member. The name and address of the Managing Member (MGRM) of this limited liability company is:

Name: Dan Weir

Address: 4627 Columbus Way South, St. Petersburg, Florida 33712

Effective Date. Pursuant to Section 608.409, Florida Statutes, the effective date of the existence of the Company shall be *May 10*, 2005.

In Witness Whereof, and 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.

Executed this 10th day of May, 2005.



Dan Weir, Member/Organizer

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