## L05000077007

(	Requesto	r's Name)		
- (	Address)			
(,	Address)			
(City/State/Zip/Phone #)				
PICK-UP		WAIT	MAIL	
(Business Entity Name)				
	Documen	t Number)		
Certified Copies	(	Certificates	s of Status	
Special Instructions	to Filing (	Officer:		
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soument Examiner	, Offi	ce Use On	lv	
Updater	~ ^ C;	os cas Off	<b>t</b> '	
Updater Verifyer	•			
Acknowledgement	DCC			
W. P. Verifyer	טטט			



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## TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: Early ins	pection Services, LLC (Name of Limited	d Liability Company)		·
	f Organization and fee(s) are su	_		
Earl R. E	<del></del>			-
Funks known at inn Coun	·	Name of Person)		
Early Inspection Ser		Firm/Company)		
580 Pelican	Dr.	(Address)		
Satali	lite Beach, FL 32937	(710000)		
Jaken		State and Zip Code)		
For further information	concerning this matter, please of	call:	<del>1</del>	
Earl Bridges		at ( 321 ) 777-5749		3 1
(Name	of Person) or the following amount:	(Area Code & Daytime To	250 F	
<b>2</b> \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Ű
STRE	ET ADDRESS:	MAILING A	DDRESS:	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

EARLY INSPECTION SERVICES  ARTICLE II - Address: The mailing address and street address of the principal off  Principal Office Address:  Mailing	ice of the Limited Liability Company is:  Address:		
The mailing address and street address of the principal off	Address:		
<u>Principal Office Address:</u> <u>Mailing</u>			
580 Pelican Dr. 580 Pelica	an Dr.		
Satellite Beach, FL 32937 Satellite B	Satellite Beach, FL 32937		
ARTICLE III - Registered Agent, Registered Office, & The name and the Florida street address of the registered a			
Earl R. Bridges			
Name			
580 Pelican Dr.			
Florida street address (P.O. Be	ox NOT acceptable)		
Satellite Beach FL 3293	7		
City, State, and Zip  Having been named as registered agent and to accept servi  liability company at the place designated in this certifica			

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..

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	Name and Address:
"MGRM" = Managing Member	
MGR	Earl Bridges
	580 Pelican Dr.
	Satellite Beach, FL 32937
	<u> </u>
	<del></del>
(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
	•
REQUIRED SIGNATURE:	
Sul	R Boider Fa =
Signature of a m	ember or an authorized representative of a member.
(In accordance wi	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
that the facts st	ated herein are true.)

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)

Earl R. Bridges

Typed or printed name of signee