

105000080503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 5, 2005

CARMEN GONZALEZ  
19390 COLLINS AVENUE #617  
SUNNY ISLES, FL 33160

SUBJECT: ARCOL HOME INSPECTION  
Ref. Number: W05000037095

We have received your document for ARCOL HOME INSPECTION and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 705A00050524

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARCOL HOME INSPECTION  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN E. GONZALEZ  
(Name of Person)

ARCOL HOME INSPECTION  
(Firm/Company)

19390 COLLINS AVE # 617  
(Address)

SUNNY ISLES, FL, 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN GONZALEZ at ( 786 ) 260-7686  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 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

12-12-11  
11:10:01  
12-12-11  
11:10:01

miami - 8-10-05

ATT: TAMMI CLINE  
RE: (CARMEN GONZALEZ PHONE #)  
YOU CAN REACH ME AT (786) 260-7686  
OR TO MY FAX AT (305) 936-8758.

PLEASE IF YOU HAVE ANY QUESTION DON'T  
HESITATE IN CONTACT ME.

THANK YOU.

C.G.

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ARCOL HOME INSPECTION. L.L.C

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

19390 COLLINS AVE # 617  
SUNNY ISLES, FL, 33160

#### Mailing Address:

SAME

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CARMEN E. GONZALEZ

Name

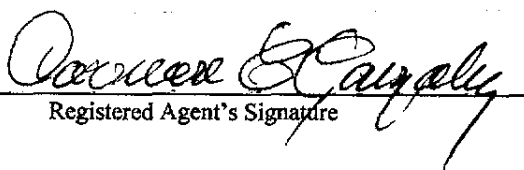
19390 COLLINS AVE # 617

Florida street address (P.O. Box **NOT** acceptable)

SUNNY ISLES, FL, 33160

City, State, and Zip

*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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

N/A

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(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.)

CARMEN E. GONZALEZ

Typed 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)**

RECEIVED  
JAN 12 2010  
CLERK OF COURT  
STATE OF FLORIDA