

08/15/2005 15:00 FAX 3866762615

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Division of Corporations

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**ATLANTIC HOME INSPECTIONS, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
ATLANTIC HOME INSPECTIONS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I  
NAME**

The name of the Limited Liability Company is **ATLANTIC HOME INSPECTIONS, LLC**.

**ARTICLE II  
ADDRESS**

The street address and the mailing address of the principal office of the Company is **70 Sylvania Place, Ormond Beach, Florida 32174**.

**ARTICLE III  
REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent is **Peter Smith, 70 Sylvania Place, Ormond Beach, Florida 32174**.

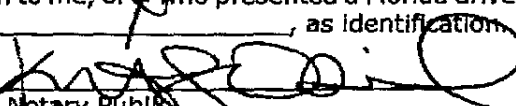
**IN WITNESS WHEREOF**, the undersigned Authorized Representative has executed these Articles of Organization on this 15<sup>th</sup> day of September, 2005.

  
\_\_\_\_\_  
**PETER SMITH**

**STATE OF FLORIDA  
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of September, 2005, by **PETER SMITH** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a \_\_\_\_\_ drivers license or ☐ \_\_\_\_\_, as identification.



  
\_\_\_\_\_  
Notary Public  
**KRISTIN L. OSWEILER**  
(Printed Name)  
My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

09/15/2005

**ACCEPTANCE OF DESIGNATION**

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
**PETER SMITH**, Registered Agent