

L05000117681

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000281840 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED

05 DEC -9 AM 10:42

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

C & L Complete Home Inspections LLC

Certificate of Status	1
Certified Copy	0
Page Count	02-3
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FL

2005 DEC -9 A 10:33

FILED

Name	
Availability	
Document	
Examine	DCC
Updater	DCC
Updater	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **C & L Complete Home Inspections LLC**

ARTICLE II - Address

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

Principal Office Address:217 Grant BoulevardLehigh Acres, FL 33936Mailing Address:217 Grant BoulevardLehigh Acres, FL 33936

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

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

Carlton Cooke Jr.Name217 Grant Boulevard(P.O. Box or Mail Drop Box NOT Acceptable)Lehigh Acres, FL 33936(City / State / 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 - Carlton Cooke Jr.

FILED
 2005 DEC -9 A
 SECRETARY OF
 TALLAHASSEE

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:MGRCarlton Cooke Jr. - 217 Grant Boulevard, Lehigh Acres, FL 33936MGRLaurie Cooke- 217 Grant Boulevard, Lehigh Acres, FL 33936

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Carlton Cooke Jr.

Typed or printed name of signee

FILED
2005 DEC -9 A 10:33
TALAMON COUNTY FLORIDA
SECRETARY OF STATE