## W5000119090

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)  Certified Copies Certificates of Status
Special Instructions to Filing Officer:  1249  FCC
EFFECTIVE DATE    25-05
Office Use Only



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12/09/05--01031--004 \*\*160.00

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## **COVER LETTER**

TO:		stration S sion of C	lection orporations				
SUBJE	CT:	Egi	UITYONE	Home	INSPECT, d Liability Company)	ò~s .	LLC
30202	·		(N	ame of Limite	d Liability Company)		
The enc	losed	Articles	of Organization a	nd fee(s) are s	ubmitted for filing.		
					er to the following:		
			_	_	_		
-		<u>.</u>	SHUY	STRIBE	Liw (6 Name of Person)	· ·	<del></del>
		6.	. 0	`			
-		Zgvi	TYUNE	HOME	TNSPECTION Firm/Company)	<u>, s</u>	LCC
		12	Asce	0			
_		12	BASS	MVEN	(Address)	<del></del>	
	L	(21	1 11 12		(Address)  33037		
	Y	27	CHICGO	(City	/State and Zip Code)		
					•		
For furth	ner in	formation	concerning this	matter, please	call:		
SALL	<b>/</b>	STRIC	SLING e of Person)		at (305) (Area Code & I	451-	1816
		(Nam	e of Person)		(Area Code & I	Daytime Te	elephone Number)
Enclose	d is a	check f	or the following	g amount:			
☐ \$125.00 Filing Fee		\$130.00 Filing Fee & Certificate of Status		\$155.00 Filing Certified Copy (additional copy is end		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street/Courie Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporation ing ve Center	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Equipille His =	INSPECTIONS LLC  , "Limited Company" or their abbreviation "LLC," or "L.C.,")
CYDITYUNE HOME	INSPECTIONS, LLC
(Must end with the words "Limited Liability Company	", "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Compa
Principal Office Address:	Mailing Address:
12 Pare Arterio	12 Por 24 11.5
12 BASS AVENUE KEY LARGO, Fl. 33037	12 BASS AVENUE KEY LANGO, Fl. 33037
KLY CAILYO, Pr. 33037	KEY EARLY 0, P.1. 33 43 7
	Attack to the second se
ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its ow	vn Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)	· ·
The name and the Florida street address of	of the registered agent are:
_	•
SALLY STRIL	BLIN 6
	Name
12 PACE AVE	كاباد
Florida et	reet address (P.O. Box <u>NOT</u> acceptable)
KEY LANG	0 FL 33037 State, and Zip
City,	State, and Zip
•	•
•	-
Having been named as registered agent a	and to accept service of process for the above stated li
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this c	and to accept service of process for the above stated li ted in this certificate, I hereby accept the appointment apacity. I further agree to comply with the provision.
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated li ted in this certificate, I hereby accept the appointment apacity. I further agree to comply with the provision. the performance of my duties, and I am familiar with
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Having been named as registered agent a liability company at the place designat registered agent and agree to act in this of statutes relating to the proper and comp accept the obligations of my position a	and to accept service of process for the above stated lifed in this certificate, I hereby accept the appointment apacity. I further agree to comply with the provision elete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.
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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	SALLY STRIBUND 12 BASS AVENUE KEY LARGO, FI 33037
~·········	
(Use attachment if necessary)	•
	date of filing: 12-5-05 (OPTIONAL) especific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution
that the facts stated he	states an affirmation under the penalties of perjury erein are true.)  STRIBLIN 6  med 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)