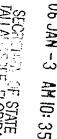
## 

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		16
	Office Use Onli	





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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: Home	e Sweet Home Inspec		
	(Name of Limited	d Liability Company)	
	f Organization and fee(s) are s	<u>-</u>	
Please return all corresp	ondence concerning this matte	er to the following:	
Jill P. Sega	al		
	(1	Name of Person)	
Home Swe	et Home Inspections	s, LLC	
	(	Firm/Company)	<u> </u>
6462 Bay	Island Court		
		(Address)	
West Paln	n Beach, FL 33411		TALL SEC
	(City	/State and Zip Code)	777
For further information	concerning this matter, please	cali:	phone Number)
1 01 141 41.01	•••••••, p. •••••		1 S7 (S7)
Jill P. Segal		at ( 561 ) 686-1600	
(Name	e of Person)	(Arca Code & Daytime Tele	phone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$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/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Clarent Cl	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Comp	pany is:
Home Sweet Home Inspections, LLC	
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6462 Bay Island Court	6462 Bay Island Court
West Palm Beach, FL 33411	West Palm Beach, FL 33411
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its o business entity with an active Florida registration.)  The name and the Florida street address  Charles F. Segal	wn Registered Agent. You must designate an individual or another with the second secon
Chanes 1. Segai	Name
West Palm Beach, FL	street address (P.O. Box NOT acceptable)
	,, ~,

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 (REQUIRED)

(CONTINUED) Page 1 of 2

## **ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member President / Cwner Jill P. Segal 6462 Bay Island Court West Palm Beach, FL 33411 Charles F. Segal VP / Owner 6462 Bay Island Court West Palm Beach, FL 33411 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Charles F. Segal 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)