

106000063888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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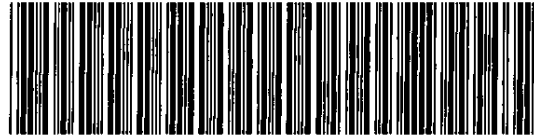
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

106-63888
JR

Albert C. Eaton
Attorney and Counselor at Law
1516 East Colonial Drive, Suite 100E
Orlando, Florida 32803

Mailing Address:
P. O. Box 530054
Orlando, Florida 32853-0054

Telephone
(407) 843-8100
Telecopier
(407) 897-6986

June 19, 2006

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization
Vital Home Inspection, LLC

Dear Sir:

Enclosed please find an original and one copy of the Articles of Organization as above captioned, and our check in the amount of \$160.00, representing:

Filing Fee	\$ 100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	5.00

When the Articles have been processed, we would appreciate the return of the Certified Copy and the Certificate of Status to our attention.

Thank you for your consideration in this matter.

Very truly yours,



Albert C. Eaton

ACE/as
Enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being natural persons competent to contract, and for the purpose of forming a Florida Limited Liability Company under the provisions of the Florida Limited Liability Company Act does hereby adopt the following articles of organization:

ARTICLE I

NAME

The name of the Limited Liability Company is:

VITAL HOME INSPECTION, LLC

ARTICLE II

ADDRESS

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

481 Kassik Circle, Orlando, Florida 32824

ARTICLE III

PURPOSE OR PURPOSES

The purpose or purposes for which this Limited Liability Company is created or is to engage in any or all lawful business or trade which can, in the opinion of the Managers, can be advantageously carried on and as permitted under the Florida Limited Liability Company Act.

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SECRETARY OF STATE

ARTICLE IV

REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of the Limited Liability Company is 481 Kassik Circle, Orlando, Florida 32824, and the name of its initial registered agent at such address is ROBERT L. THOMAS.

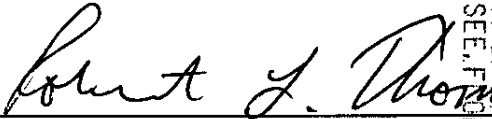
ARTICLE V

MANAGERS

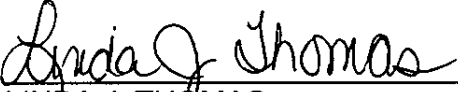
The Limited Liability Company is a member-managed company. The names and addresses of each person who are to serve as member-managers are:

<u>Name</u>	<u>Address</u>
ROBERT L. THOMAS	481 Kassik Circle, Orlando, FL 32824
LINDA J. THOMAS	481 Kassik Circle, Orlando, FL 32824

Executed by the undersigned at Orlando, Orange County, Florida, on the _____ day of June, 2006.



ROBERT L. THOMAS
Member



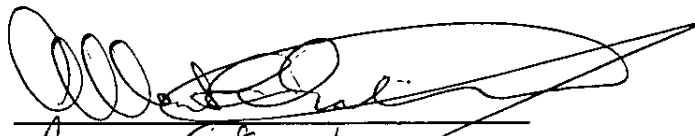
LINDA J. THOMAS
Member

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CLERK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

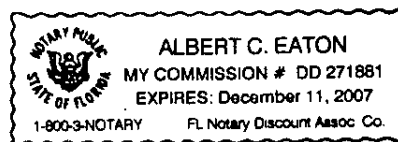
I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared ROBERT L. THOMAS, who is personally known to me or who has produced N/A as identification, who did not take an oath, who executed the foregoing and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 19th day of June, 2006.


ALBERT C. EATON
Notary Public, State of Florida

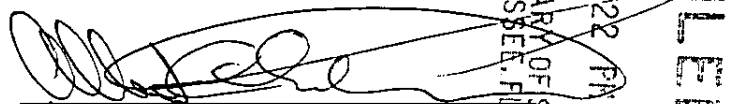
My Commission Expires:

STATE OF FLORIDA
COUNTY OF ORANGE

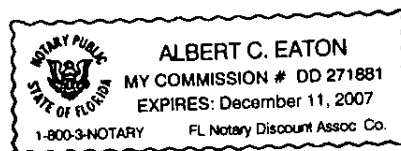


I HEREBY CERTIFY that on this day before me, an officer duly authorized to take acknowledgments and oaths, personally appeared LINDA J. THOMAS, who is personally known to me or who has produced N/A as identification, who did not take an oath, who executed the foregoing and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 19th day of June, 2006.


ALBERT C. EATON
Notary Public, State of Florida

My Commission Expires:



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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

VITAL HOME INSPECTION, LLC

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

ROBERT L. THOMAS
481 Kassik Circle
Orlando, FL 32824

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, Florida Statutes.


ROBERT L. THOMAS

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TALLAHASSEE, FLORIDA

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