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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

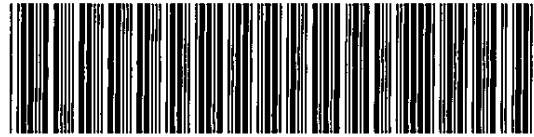
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32134

07-05-2006

RE COMPANY NAME : ATLANTIC INSPECTIONS LLC .  
ARTICLES OF ORGANIZATION FOR FLORIDA LLC  
ENCLOSED (2 PAGES) . ALSO CHECK FOR \$125.00

THOMAS E ADKINS  
3659 GENERAL MARSHALL RD  
DAYTONA BEACH, FL 32124  
(386) 254 0710

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TALLAHASSEE, FLORIDA

07-05-2006

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ATLANTIC INSPECTIONS LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

#### Mailing Address:

3659 GENERAL MARSHALL RD  
DAYTONA BEACH, FL 32124

← SAMIE  
← "

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THOMAS E ADKINS  
Name

3659 GENERAL MARSHALL RD  
Florida street address (P.O. Box NOT acceptable)

DAYTONA BEACH, FL 32124  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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..*

Thomas E. Adkins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

07-05-2006

**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:**

MGR

KAREN BAYLIFF  
951 OLD MILL RUN  
ORMOND BEACH, FL 32174

MGRM

RICKY BAYLIFF  
951 OLD MILL RUN  
ORMOND BEACH, FL 32174

MGRM

BARBARA ADKINS  
3659 GENERAL MARSHALL RD  
DAYTONA BEACH, FL 32124

MGRM

THOMAS ADKINS  
3659 GENERAL MARSHALL RD  
DAYTONA BEACH, FL 32124

(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.)

THOMAS E. ADKINS  
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)

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