

107000010354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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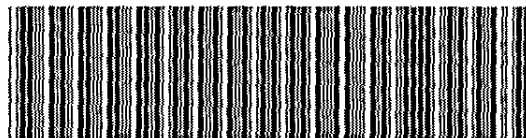
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SMITH & STONESTREET, P.A.

ATTORNEYS AT LAW

150 S. Hwy 17-92, Suite 2

DeBary, Florida 32713

Mailing Address:

P.O. Box 530144

DeBary, Florida 32753-0144

(386) 668-4451

Fax (386) 668-1938

Daphne Stonestreet

January 24, 2007

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

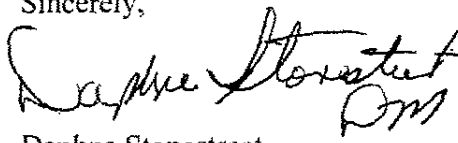
Re: Gator State Inspection, LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for Gator State Inspection, LLC
Also enclosed are a check made payable to Department of State in the amount of \$125.00
to cover the filing fee along with a stamped, self-addressed envelope for return mailing.

If you have any questions, please do not hesitate to contact our office.

Sincerely,



Daphne Stonestreet

DS/dm
Enclosures

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
GATOR STATE INSPECTIONS, LLC

I, THE UNDERSIGNED, being natural person(s) of legal age, hereby desire to form a Limited Liability Company under the laws of the state of Florida, and hereby adopts the following Articles of Organization.

ARTICLE I

NAME

The name of the Limited Liability Company shall be GATOR STATE INSPECTIONS, LLC.

ARTICLE II

The mailing address of the principal office of the Limited Liability Company is: 909 Whitewood Drive, Deltona, Florida 32725 and the physical address is 909 Whitewood Drive, Deltona, Florida 32725.

ARTICLE III

The name and the Florida street address of the registered agent is: Michael Scholzen, 909 Whitewood Drive, Deltona, Florida 32725.

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.


Michael D. Scholzen

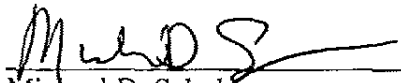
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ARTICLE IV

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

The manager is:

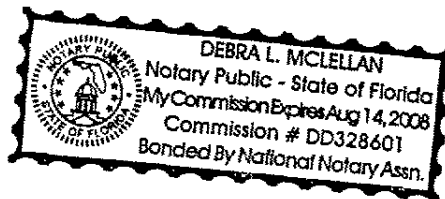


Michael D. Scholzen
909 Whitewood Drive
Deltona, Florida 32725

STATE OF FLORIDA
COUNTY OF FLORIDA _

The foregoing instrument was acknowledged before me this 23rd day of January, 2006 by Michael D. Scholzen, who is personally known to me or who has produced _____ as identification and who did take an oath.


Notary Public



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TALLAHASSEE, FLORIDA

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