

LO 7000097107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

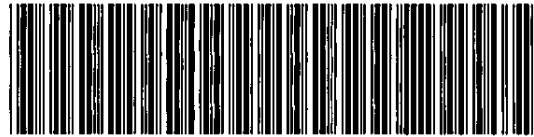
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
07 SEP 24 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 SEP 24 AM 11:47
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

850-222-2785

City/St/Zip

Phone #

FILED
07 SEP 24 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SECURE HOME INVENTORY AND PROPERTY CARE, LLC

2- RAYMER, LLC

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Organization of
Secure Home Inventory and Property Care, LLC**

This Company is formed under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, by filing these Articles of Organization with the Florida Department of State.

Article I

The name of this Limited Liability Company is Secure Home Inventory and Property Care, LLC, a limited liability company.

Article II

These articles become effective when accepted for filing by the Florida Department of State. This company shall have perpetual existence.

Article III

Secure Home Inventory and Property Care, LLC is created to engage in any lawful act, business, or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable, or incidental to the foregoing purpose.

Article IV

The principal place of business of Secure Home Inventory and Property Care, LLC shall be 1943 Muncie Avenue, Jacksonville, Florida 32210, and the mailing address shall be 1943 Muncie Avenue, Jacksonville, Florida 32210, and such other place or places as the Member from time to time may determine.

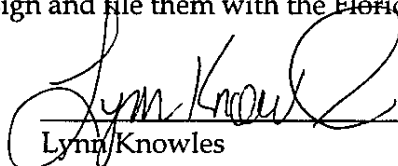
The initial registered agent of Secure Home Inventory and Property Care, LLC shall be Lynn Knowles, whose address is 1943 Muncie Avenue, Jacksonville, Florida 32210.

Article V

Other terms for this company's organization and management will be found in the Operating Agreement of this company, as may be amended from time to time.

Article VI

These Articles of Organization are being signed by Lynn Knowles, Managing Member of this company, who has full authority to sign and file them with the Florida Department of State.



Lynn Knowles

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

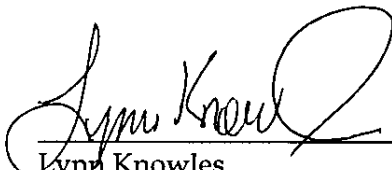
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is Secure Home Inventory and Property Care, LLC, a limited liability company.

The name and address of the registered agent and office is:

Lynn Knowles
1943 Muncie Avenue
Jacksonville, Florida 32210

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 the Florida Limited Liability Company Act.



Lynn Knowles
Registered Agent

Date: September 21, 2007

THIS INSTRUMENT PREPARED BY:

Jeff Marks
Ryan and Marks Attorneys, LLP
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Jacksonville, Florida 32257
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Fax: 904-262-3717
mail: jeff@ryanandmarks.com

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