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DEFENDATION OF CORPORATIONS
TALLAHASSEE FI ORIDA

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J. BRYAN

JAN -4 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LONE WOLF HOME INSPECTION (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CHARLES RICHARD TUCKER (Name of Person)	<del>-</del>		
LONE WOLF HOME INSPECTION LLC  (Firm/Company)  ASECT OR J  ASECT O	<del>-</del>		
821 BRENT DR. (Address)	<u>_</u>		
TAU, FL 32305 (City/State and Zip Code)			
For further information concerning this matter, please call:			
CHARLES RICHARD TUCKER at (850) 8899-2295 (Name of Person) (Area Code & Daytime Telephone Number)	•		
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

KIICLES OF ORGANIZATION I	TOR FLORIDA LIMITED LIA	MILITY COMPANY
ARTICLE I - Name:		OB J
The name of the Limited Liability Con	npany is:	JAN -1
LONE WOLF HOME IN (Must end with the words "Lin	ISPECTION LLC mited Liability Company, "L.L.C.," or "LLC.")	R : 2
ARTICLE II - Address:		ALL Des
The mailing address and street address	of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
821 BRENT DR. TAU, FL. 32305	SAME	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	s own Registered Agent. You must designate an )	individual or another
The name and the Florida street addres	s of the registered agent are:	EFFECTIVE DATE
CHARLES	RICHARD TUCKER Name	_01/04/08
821 Bles	NT DR. a street address (P.O. Box <u>NOT</u> acceptable	)
TALL, C	FL 32305 ity, State, and Zip	
Having been named as registered ager	nt and to accept service of process for	r the above stated limited

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)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mar	CHARIES RICHARD TUCKER 821 BRENT DR.
MGRM	THOMAS PAY ANDCISON JR.
· .	OB J
	AN - L PM
(Use attachment if necessary)	I: 23
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: 1/4/08 (OPTIONAL)  be specific and cannot be more than five business days
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 RICHARD TUCKER.

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)