

108000072553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

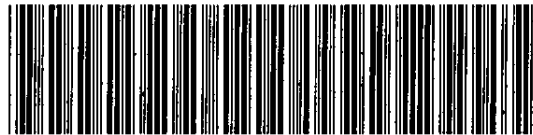
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000133453270

07/28/08--01025--012 **125.00

FILED
08 JUL 28 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. THOMAS

JUL 29 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: House Check Plus, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and the \$125.00 fee are submitted for filing of the
Articles of Organization for the above-referenced Limited Liability Company.

Please return all correspondence concerning this matter to the following:

Sheryl Makaron
(Name of Person)

FILED
08 JUL 28 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please send a copy of stamped
Articles in the enclosed envelope
from the state. pt. 309

Thank you,

Sheryl Makaron

289-5331
(Home & Daytime Telephone Number)

ARTICLES OF ORGANIZATION

FOR

HOUSE CHECK PLUS, LLC

(A FLORIDA LIMITED LIABILITY COMPANY)

ARTICLE I
NAME

The name of the Limited Liability Company is HOUSE CHECK PLUS, LLC.

ARTICLE II
ADDRESS

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

Principal Office Address
711 N.E. Harbour Terrace
Apt. 309
Boca Raton, FL 33431

Mailing Address
711 N.E. Harbour Terrace
Apt. 309
Boca Raton, FL 33431

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

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

Sheryl Makaron
711 N.E. Harbour Terrace
Boca Raton, Florida 33431

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.


Sheryl, Makaron, Registered Agent


FILED
08 JUL 28 AM 11:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV
MANAGER OR MANAGING MEMBER

The name and address of the Managing Member is as follows:

Sheryl Makaron, Managing Member
711 N.E. Harbour Terrace
Boca Raton, Florida 33431

REQUIRED SIGNATURE:



Sheryl Makaron, Managing 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.)

Sheryl Makaron
Typed or printed name of signee

FILED
08 JUL 28 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA