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To: Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
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EXAMINER

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRUSTED CHOICE HOME INSPECTIONS LLC

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

TRUSTED CHOICE HOME INSPECTIONS LLC

ARTICLE II ADDRESS

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

210 NW 19TH PLACE
CAPE CORAL, FLORIDA 33993

The mailing address of the Limited Liability Company is:

PO BOX 08255
FORT MYERS, FLORIDA 33908

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

GARY VITTI
210 NW 19TH PLACE
CAPE CORAL, FLORIDA 33993

Having been named as registered agent 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.

x Gary Vitti
GARY VITTI Registered Agent's signature

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TRUSTED CHOICE HOME INSPECTIONS LLC

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

GARY VITTI

PO BOX 08255

FORT MYERS, FLORIDA 33908

.....
X Gary Vitti

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.

GARY VITTI

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TALLAHASSEE FLORIDA

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