L08000098816

-	Phone: 727-	Leo J. C 69 Schoon Palm Harbon 455-2545 Iail: Leobeste	er Drive r, FL 3468 Fax: 7	727-784-0727
(Sity/State/Zip/Phone #)				
•	PICK-U	P 🔲 W	√AIT	MAIL
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
				·

Office Use Only



900136924559

10/20/08--01014--003 **160.00

2008 OCT 20 A IO 28
SECRETARY OF STATE
JALLAHASSEF, FI ORIO

T. HAMPTON
OCT 2 1 2008
EXAMINER

ARTICLES OF ORGANIZATION OF BEST CHOICE HOME INSPECTION

ARTICLE I - NAME

The name of the limited liability company is Best Choice Home Inspection, LLC

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

69 Schooner Drive

69 Schooner Drive

Palm Harbor, FL 34683

Palm Harbor, FL 34683

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Melinda P. Tindell, P.A. 1421 Court Street, Suite F Clearwater, Florida 33756

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..

Melinda P. Tindell, P.A.

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

 $\overline{MGR} = Manager$

"MGMR" = Managing Member

MGMR

Leo Cronin

69 Schooner Drive

Palm Harbor, Florida 34683

7 1 E D

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.)

Leo Cronin
69 Schooner Drive
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Best Choice Home Inspection, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the Limited Liability Company is Best Choice Home Inspection, LLC
- 2. The name and the Florida street address of the registered agent and office are: Melinda P. Tindell, P.A.

1421 Court Street, Suite F, Clearwater, Florida 33756 (Post office box is NOT acceptable.)

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.

Melinda P. Tindell, P.A.

Registered Agent