

LD9000034459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

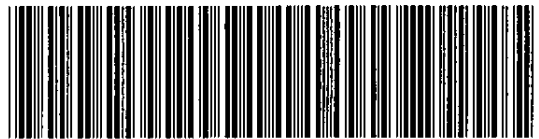
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APR - 9 2009

EXAMINER



400149066694

04/08/09--01009--016 **125.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR - 8 AM 11:26



John T. Driscoll, P.A.

Certified Public Accountant

825 SE 3RD Avenue, Suite 200

Ocala, FL 34471

Member FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

April 7, 2009

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization of
EXECUTIVE APPRAISAL SOLUTIONS, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee	<u>\$ 125.00</u>
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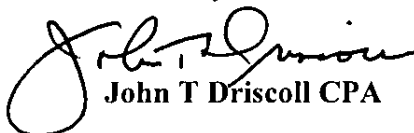
Total	\$ 125.00
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Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3RD Avenue, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely,



John T Driscoll CPA

Enclosures

**ARTICLES OF ORGANIZATION
FOR
EXECUTIVE APPRAISAL SOLUTIONS, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is: **EXECUTIVE APPRAISAL SOLUTIONS, LLC**

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

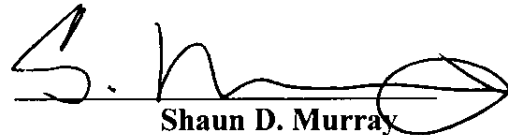
**29 Almond Drive Pass
Ocala, Florida 34472**

ARTICLE III. - REGISTERED AGENT

**Shaun D. Murray
29 Almond Drive Pass
Ocala, Florida 34472**

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..

Signature



**Shaun D. Murray
Registered Agent**

Date

4.16.09

09 APR -8 AM 11:26

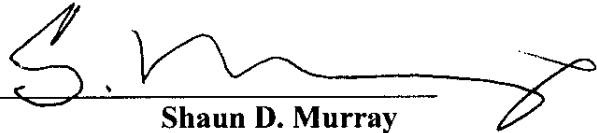
SECRETARY
DIVISION OF

ARTICLE IV. – MANAGING MEMBERS

**Shaun D. Murray MGRM
29 Almond Drive Pass
Ocala, Florida 34472**

**Robyn M. Murray MGRM
29 Almond Drive Pass
Ocala, Florida 34472**

Signature



**Shaun D. Murray
MGRM**

Date

4.6.09

Signature



**Robyn M. Murray
MGRM**

Date

4.6.09