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i	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	. P WAIT MAIL
	(Business Entity Name)
	; :
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

JUL 11 2009

EXAMINER

Office Use Only



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2009 JUL 10 AN 10: 40
SECRETARY OF STATE

COVER LETTER

то:	Registration of	n Section Corporations			
SUBJI	ECT:		ONS BY RAYMOND	FORT L.L.C.	_
		Name of Limi	ted Liability Company		
The en	closed Articles	s of Organization and fee(s) are	submitted for filing.		
Please	return all corre	espondence concerning this ma	tter to the following:		
		RAY	MOND V. FORT		
			Name of Person		
		HOME INSPECTIO	NS BY RAYMOND FOR	RT L.L.C.	
			Firm/Company	TAL.	200
		3121 SOU	TH EAST 16TH PLACE	AAH	2009 JUL
			Address	ASSE ASSE	10
		CAPE	CORAL FL. 33904	10 m	A
		Ci	ty/State and Zip Code	LOR.	<u>5</u> (
	.	raymo	ndvfort@yahoo.com for future annual report notification	<u> </u>	<u>6</u>
For fur	ther informatic	on concerning this matter, pleas	•	,	
10114	anor mirormane	on concerning and matter, pieds	o cuit.		
*****		MOND FORT ne of Person	at (732) Area Code & Daytime 1	522 8583 Telephone Number	
Enclos	sed is a check	for the following amount:			
		\$130.00 Filing Fee &	\$155.00 Filing Fee &	 	Fae
_J\$122.	oo rung ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of St	atus &
		Mailing Address Registration Section	Street/Courier Addr Registration Section	ess	
		Division of Corporations	Division of Corporati	ions	
		P.O. Box 6327	Clifton Building	ar Cirola	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		npany is:	
HOME (Mu:	INSPECTIONS st end with the words "Lin	B BY RAYMOND FORT L.I. nited Liability Company," "L.L.C.," or "LLC	C.
ARTICLE II - Add The mailing address		of the principal office of the Limi	ited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
3121se 16th place cape coral fl.33904	3	SAME	
(The Limited Liability Co.		egistered Office, & Registered A own Registered Agent. You must designate	
The name and the F	lorida street address	s of the registered agent are:	CLAH
	RAY	MOND V. FORT Name	TASS
	046		, C. J. J. C. J. C. J. C. J. C. J. J. C. J. C. J. C. J. C. J. C. J. C. J. J. C. J. J. C. J. J. C. J.
		21se 16th place dress (P.O. Box NOT acceptable)	AM D: 1
	cape coral fl. 3		
•		y, State, and Zip	•
liability compan registered agent an statutes relating to	y at the place design d agree to act in this o the proper and con ations of my position	at and to accept service of process for acted in this certificate, I hereby accept scapacity. I further agree to companylete performance of my duties, and as registered agent as provided for a scapacity (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:	2009 JUL 10 SECRETARY ALLAHASSI
"MGRM" = Managing M	ember	AR ASS
MGR m	3121 se 16th place	Y OF
	cape coral fi, 33904	2's =
	Raymond V. Fort	S A
		AG 3
- 	 	
	g-10-10-10-10-10-10-10-10-10-10-10-10-10-	
		· · · · · ·
	- <u>-</u>	
Use attachment if necess	ary)	
LE V: Effective date, if of fective date is listed, the days after the date of fili	her than the date of filing:JULY 8, 2009 late must be specific and cannot be more than five ng.)	(OPTION business da
LE V: Effective date, if of fective date is listed, the days after the date of filing REQUIRED SIGNATU	her than the date of filing: JULY 8, 2009 late must be specific and cannot be more than five ng.) RE:	business da
fective date is listed, the days after the date of filing REQUIRED SIGNATU Signature (In according to this content of this c	her than the date of filing:JULY 8, 2009 late must be specific and cannot be more than five ng.) RE: e of a member or an authorized representative of a member dance with section 608.408(3), Florida Statutes, the execution occument constitutes an affirmation under the penalties of perju	business da
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