

L09000091826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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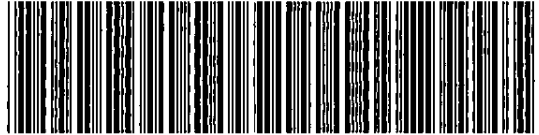
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A+ HOME INSPECTION  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Bosse  
(Name of Person)  
A+ HOME INSPECTION  
(Firm/Company)  
4753 Lorri Circle  
(Address)  
North Port Florida 34286  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Bosse at (941) 426-3611  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2009

THOMAS BOSSE  
4753 LORRI CIRCLE  
NORTH PORT, FL 34286

SUBJECT: A + PLUSE HOME INSPECTION  
Ref. Number: W09000040432

We have received your document for A + PLUSE HOME INSPECTION and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Not sure of the name you are wanting to file. The cover letter states A+ Home Inspection and Article I states A + Pluse Home Inspection: If you are wanting A+ Home Inspection that name is not available.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or

your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 109A00029862

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Alert ~~XXXXXX~~ HOME INSPECTIONS L.L.C.  
(Alert Home Inspections L.L.C.)

**ARTICLE II – Address:**

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

**Principal Office Address:**

THOMAS BOSSE  
4753 Lorri Circle  
North Port, FL 34286

**Mailing Address:**

THOMAS BOSSE  
4753 Lorri Circle  
North Port, FL 34286

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Thomas Bosse  
Name  
4753 Lorri Circle  
Florida street address (P.O. Box NOT acceptable)  
North Port, FL 34286  
FL City, State, and Zip

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**TALLAHASSEE, FLORIDA**

*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..*

Thomas Bosse  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Thomas Bosse  
4753 Lorri Circle  
North Port, FL 34286

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Thomas Bosse  
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.)

Thomas Bosse  
Typed or printed name of signee

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**09 SEP 23 AM 10:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Filing Fees:**

**\$125.00** Filing Fee for Articles of Organization and Designation of Registered Agent  
**\$ 30.00** Certified Copy (Optional)  
**\$ 5.00** Certificate of Status (Optional)