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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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12/15/09--01022--013 **130.00

Effective Date 01/01/2010

DIVISION OF CORPORATIONS

09 DEC 15 AM R. L.F.

T. HAMPTON

DEC 1 8 2009

EXAMINER

COVER LETTER

	on Section f Corporations	
SUBJECT:	Premier	Home Inspection, LLC
	Name of Limi	ted Liability Company
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this mat	tter to the following:
		Dave Semm Name of Person
	Premier	Home Inspection, LLC Firm/Company
		1 min Company
	373	2 SE 15th Place
		Addiess
-		e Coral, FI 33904 ty/State and Zip Code
		•
	E-mail address: (to be used	spector@gmail.com for future annual report notification)
For further informat	ion concerning this matter, pleas	se call:
	Dave Semm	at (239)872.2051 Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
]\$125.00 Filing Fe	ee []\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Effective Date 01/01/2010

ARTICLES OF ORGANIZATION FOR ARTICLE I - Name: The name of the Limited Liability Comp	OR FLORIDA LIMITED LIABILITY COMPANY
The name of the Emilied Elacinity Comp	any is.
	e Inspection, LLC ed Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3732 SE 15th Place Cape Coral, Fl 33904	3732 SE 15th Place Cape Coral, Fl 33904
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Da	ve A. Semm
	Name
3732	SE 15th Place
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Cape Coral, FL 3	3904 _{FL}
City,	State, and Zip
Having hoon named as vegistored agent	and to accent service of process for the above stated limited

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..

Registered Agent's Stanature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Dave A. Semm
	3732 SE 15th Place
	Cape Coral, Florida 33904
	
(Use attachment if necessary)	
•	n the date of filing: 61 / 01 / 2010 (OPTIONA
	ust be specific and cannot be more than five business day
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
	Dave A. Semm
	Typed or printed name of signee

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS