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09 DEC 18 PH 2: 39

SECRETARY OF STATE ORIDA

W09-48222

J. BRYAN

DEC 2 1 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp						SECTAL.
SUBJI	ect.	GC HOME	E INSI	PECT	IONS. "L	LC."	器
SOLO	BC1:	Name of Limi			<del></del>		SER P
The en	closed Articles of C	rganization and fee(s) are	submitte	ed for fili	ng.		SECRETARY OF STATE
Please	return all correspon	dence concerning this mat	tter to the	e followi	ng:		<b>9</b>
	<u> </u>	RI	·	D SMIT	TH		
			Name o	f Person			
		GC HOME	INSPI	ECTIO	NS, "LLC.		
	Firm/Company						
	6671 WEST INDIANTOWN ROAD . 56-3/2					-3/2	
	Address						
	JUPITER, FLORIDA 33458						
		Ci	ty/State a	nd Zip Co	de		
	* · · · · · · · · · · · · · · · · · · ·	GCHOMEI E-mail address: (to be used					<u> </u>
For fur	ther information cor	ncerning this matter, pleas		annuar re	рон пописан	яі,	
		D SMITH	_ at (	386		402-3010	der (franchischer und des Frank Fr
	Name of I	Person		Area Co	de & Daytime	Telephone Numb	ет
Enclos	sed is a check for t	he following amount:					
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce:	rtified C	ng Fee & opy is enclosed	) Certified	te of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	,	Registra Division Clifton 2661 Ex	Courier Addition Section of Corporat Building secutive Centers FL 3230	ions ter Circle	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2009

RICHARD SMITH GC HOME INSPECTIONS, LLC 6671 WEST INDIANTOWN ROAD, #56-312 JUPITER, FL 33458

SUBJECT: GC HOME INSPECTIONS, LLC

Ref. Number: W09000048222

FILED

9 DEC 18 PM 2: 39

ECRETARY OF STATE

FLORIDA

We have received your document for GC HOME INSPECTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #:P06000067408, GC HOME INSPECTIONS, INC..

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 209A00034306

Florida Department of State Division of Corporations

**Attention: Joey** 

O9 DEC 18 PH 2: 39
SECRETARY OF STATE

Joey, we spoke on the phone about me re submitting CGC HOME INSPECTIONS, "LLC." Instead of GC HOME INSPECTIONS, "LLC."

ATTACHED IS THE REVISED PAPERWORK. YOU MENTIONED ON THE PHONE THAT THE THAT THE PREVIOUS FILING FEE IS STILL GOOD TO COVER THIS NAME.

THANK YOU IN ADVANCE FOR YOUR ATTENTION TO THIS MATTER.

SINCERELY.

RICHARD SMITH

#### COVER LETTER

TO:

Registration Section

**Division of Corporations** CGC HOME INSPECTIONS, "LLC." SUBJECT: 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: RICHARD SMITH Name of Person **CGC HOME INSPECTIONS, "LLC."** Firm/Company 6671 WEST INDIANTOWN ROAD, # 56-312 Address JUPITER, FLORIDA 33458 City/State and Zip Code CGCHOMEINSPECTIONS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICHARD SMITH 402-3010 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **7**\$155.00 Filing Fee & **✓**\$125.00 Filing Fee **☐**\$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam		
The name of the Li	mited Liability Compa	ny is:
(Mu		EPECTIONS, "LLC." d Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		the principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
6671 WEST INDL # 56-312	· · · · · · · · · · · · · · · · · · ·	2804 WILLOW OAK DRIVE EDGEWATER, FLORIDA 32141
JUPITER, FLORI	DA 33458	
business entity with an ac	ctive Florida registration.) lorida street address o	f the registered agent are:  ARD SMITH
		Name 655
	2804 WILI	OW OAK DRIVE
•	Florida street addres	s (P.O. Box NOT acceptable)
	EDGEWATER, 32	2141 FL
•	City, S	State, and Zip
liability compan registered agent an statutes relating to	y at the place designated agree to act in this control of the proper and complications of my position a	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 608, F.S  Signature (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 "MGRM" = Managing Member	Name and Address:
MGR	RICHARD SMITH  2804 WILLOW OAK DRIVE  EDGEWATER, FLORIDA 32141
	<b>7.</b>
	SECRETARY LLI AHASSE
(Use attachment if necessary)	OF STATE ORDA
RTICLE V: Effective date, if other than the standard of the date must of the days after the date of filing.	he date of filing: N/A (OPTIONAL)  be specific and cannot be more than five business days prio
REQUIRED SIGNATURE	aber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution enstitutes an affirmation under the penalties of perjury
Filing Fees:	RICHARD SMITH Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)