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NITABASSEE, FLORIDI

EXAMINER
DEC 23 2010

COVER LETTER

Division of Corp			
SUBJECT. Advance	ed Home Inspec	ction LLC	
SUBJECT:		d Liability Company	
The enclosed Articles of O	rganization and fee(s) are so	ubmitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
Michael W	Gauthier		
		Name of Person	
		Firm/Company	
324 Coral I	<u> Dr</u>	Address	
Fort Walton	Beach, FL 32548	/State and Zip Code	
Harleymike96	@yahoo.com	-	
	E-mail address: (to be used for	or future annual report notification)	
For further information co	ncerning this matter, please	call:	
Michael W Gauthio	er	at (850) 226 3230	
Name of	Person	Area Code & Daytime Telep	phone 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)
	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 C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE D.	ĄŢĘ
Advanced House Incompation 1.6		_
Advanced Home Inspection LL		
(Must end with the words "Limited Liabili	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
324 Coral Dr	324 Coral Dr	
Fort Walton Beach, FL 32548	Fort Walton Beach, FL 32548	
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the remainder of the remaind		1
Florida street address (P.O. Box NOT acceptable)		
Fort Walton Beach	FL 32548	
City, Sta	te, and Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	r
MGR	Michael W Gauthler
	324 Coral Dr
	Fort Walton Beach FL 32548
,	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date is or 90 days after the date of filing.)	nan the date of filing: 1 January, 2011 . (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Mate	
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael W Gauthier

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)