

#L11000000224

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
12/30/2010

12/22/10--01016--021 **130.00

FILED
11 JAN -3 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BALLY
EXAMINER
JAN 3 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2010

DAVID M. FARNESKI
P.O. BOX 66803
ST. PETERSBURG, FL 33736

SUBJECT: FLORIDA HOME INSPECTIONS LLC
Ref. Number: W10000059150

We have received your document for FLORIDA HOME INSPECTIONS LLC and your check(s) totaling \$130.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The Chief Financial Officer is by law the registered agent for the subject entity. If you want to make a change in the contact person who is designated to accept service of process with the Department of Financial Services, please contact that Department at (850) 413-4102.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . 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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 910A00029725

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Florida Home Inspections, LLC
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:

David M. Farneski

Name of Person

Florida Home Inspections LLC

Firm/Company

PO Box 66803

Address

St. Petersburg, FL 33736

City/State and Zip Code

farneski@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Farneski

Name of Person

at (727)

709-6983

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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLORIDA HOME INSPECTIONS.NET, LLC

EFFECTIVE DATE
12/30/2010

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:1120 Pinellas Bayway S., #204
St. Petersburg, FL 33715**Mailing Address:**PO Box 66803
St. Petersburg, FL 33736**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David M. Farneski

Name

1120 Pinellas Bayway S., #204

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33715

City, State, and Zip

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SECRETARY OF STATE
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

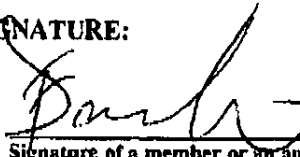
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRDavid M. FarneskiPO Box 66803St. Petersburg, FL 33736______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/30/10 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

David M. Farneski

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)