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SECRETARSEE, FLORIDA

J. BRYAN

JAN 24 2011

EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	THOR Home.	INSPECTIONS d Liability Company	uc
	Name of Limited	d Liability Company	
The enclosed Article	es of Organization and fee(s) are so	ubmitted for filing.	
Please return all con	respondence concerning this matte	r to the following:	
	JEFFREY TUR	LEIC	
	/ 1	Name of Person	
	THOR Home INSP	ECTIONS LIC	产品之一个
	ı	Firm/Company	超 2 二
	1982 SR 445	vite 221	SAR
	1982 SR 445	Address	लिंद्र के
	New Smyrns BE	AZH, PC 3216.	Ti 21
	City	State and Zip Code	DE.
	THOR LAMTRACTIN E-mail address: (to be used for	FULC CHOT MAI	L. Com
For further informati	on concerning this matter, please	call:	
JEFF T	TO ALEXL me of Person	at (386) 690 Area Code & Daytime T	6391 elephone Number
Enclosed is a check	k 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	产品 其一
The name of the Limited Liability Company is:	A SOUTH TO SOUTH THE PARTY OF T
THOR Home INS	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address and	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1982 SR 44 Suite 221 New Sinyana BEACH, PC 32168	ssme
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another Effective Date 02/01///
The name and the Florida street address of the re	gistored agent are.
Florida street addr	ess (P.O. Box NOT acceptable)
New Smy RN4 BEAZH City, State	c, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M 6 RM	JEFFREY W. TUREK 1982 SR. 44 Suite 221 New Smyrns BENZE, PC 32168
	
fective date is listed, the date must	he date of filing: <u>FEB, 1, 20 //</u> . (OPTION) be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of purpose of the fection of the constitutes an affirmation under a management of the section of the fermion of the section of the fermion of the section of the sec	
LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of sureral constitutes an affirmation und larm aware that any false inforconstitutes a third degree felor	be specific and cannot be more than five business da ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filling.) REQUIRED SIGNATURE: Signature of substitutes an affirmation und 1 am aware that any false inforconstitutes a third degree felo	be specific and cannot be more than five business da When the property of a member. O8.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)