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(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration to Division of Co		(n •	, , , , , , , , , , , , , , , , , , ,	*
SUBJECT:	RTIFIED HOME IN	SPECTION, LLC	;	
ocure.	Name of Limit	ed Liability Company		
The enclosed Articles o	l'Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following		
	Eugene	C. Johnson		
	₩.	Name of Person	·····	
· C	ERTIFIED HOME IN	ISPECTION, LL	С	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	•
6	608 SOUTH MONTO	SOMERY AVEN	IUE	
		Address		······································
	DELAND, FLORIDA	32720		
	Cit chillc@bellsouth.net E-mail address: (to be used)	y/State and Zip Code	(itionalism)	
For further information	concerning this matter, please	·	micanom	
Tamara L. Joh	nnson _.	at (386) 3	86-734-	4015
Name	of Person	Area Code & D	aytime Telepl	lone Number
Enclosed is a check for	or the following amount:			
]\$1 25.00 Filing Fee [2	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fe Certified Copy (additional copy is er		\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2011

EUGENE C. JOHNSON 608 SOUTH MONTGOMERY AVENUE DELAND, FL 32720

SUBJECT: CERTIFIED HOME INSPECTION, LLC

Ref. Number: W11000003751

We have received your document for CERTIFIED HOME INSPECTION, LLC and your check(s) totaling \$160.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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 January 18, 2011. 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 011A00001735

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CERTIFIED SOUTHERN HOME INSPECTION LLC

(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:

Mailing Address:

608 South Montgomery Avenue

P.O. Box 1256

Deland, Florida 32720

Deland, Florida

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:

TAMARA L. JOHNSON

Name

608 South Montgomery Avenue

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

Deland, Florida 32720

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.,

(CONTINUED)

Page 1 of 2

TAMARA L. JOHNSON

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

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

MGR	Eugene C. Johnson		
······································	608 South Montgomery Avenue Deland, Florida 32720		
MGRM	Tamara L. Johnson		
	608 South Montgomery Avenue Deland, Florida 32720		
(Use attachment if necessary)	3/		
T. R. V R. Castiva data if other than th	e date of filing: January , 2010 (OPTIC		

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 698.408(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.)

Eugene C. Johnson

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)