L1100004988

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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J. SAULSBERRY EXAMINER

APR 27

COVER LETTER

| Division of Co | | .5 | | |
|---------------------------------|---|---|---|---------------------|
| SUBJECT: Groun | d Up Home Insp | ections, LLC. | | |
| | | ed Liability Company | | |
| The enclosed Articles of | Organization and fee(s) are | submitted for filing. | | |
| Please return all correspondent | ondence concerning this matt | ter to the following: | | |
| Dyron Cu | rry | | | |
| | | Name of Person | | |
| Ground U | p Home Inspecti | ons, LLC | | |
| | | Firm/Company | | |
| PO Box 8 | 542 | | | |
| | | Address | | - • |
| Port St Luc | ie, FL 34985-8542 | | INC. | 201 |
| | • | y/State and Zip Code | E C | APR |
| groundupho | meinspections@hot | mail.com or future annual report notification) | | ~: |
| For further information of | concerning this matter, please | • | 3.6.7.0.F. | 5 PH |
| Nicole Robinson | | 954 632-7482 | STAT | က်၊ _{နှ} ံ |
| | f Person | at (954) 632-7482 Area Code & Daytime Tele | phone Number | 80 |
| | | | | |
| Enclosed is a check for | r the following amount: | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fe Certificate of Statu Certified Copy (additional copy is enc | us & |
| | 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 | | |

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ground Up Home Inspections, 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: |
|--|--------------------------------|
| 3001 SW Collings Drive | PO Box 8542 |
| Port St Lucie, FL 34953 | Port St Lucie, FL 34985-8542 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the result of Dyron Curry Name 3001 SW Collings | egistered agent are: |
| Florida street addr | ress (P.O. Box NOT acceptable) |
| Port St Lucie | _{.FL} 34953 |
| City, Stat | e, and Zip |

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:

| IGR | Dyron Curry 3001 SW Collings Drive | |
|-------------------------------------|------------------------------------|---------------|
| | Port St Lucie, FL 34953 | |
| /IGR | Nicole Robinson | |
| | 3001 SW Collings Drive | |
| | Port St Lucie, FL 34953 | SECH |
| | | APRIZ AHAS |
| | | SSE 25 |
| | | |
| | | EFO TEST |
| | | 3 点 c |
| | | |
| Jse attachment if necessary) | | |
| F V. Effective date if other than t | he date of filing: | (OPTION |

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.)

Dyron Curry

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)