

L11000051832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

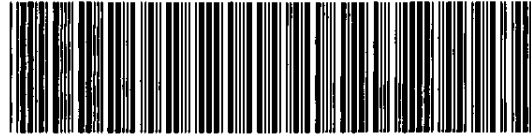
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 17 PM 12:02

FILED

C. LEWIS

MAY 18 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

*Doc # L 110000 51832*

**SUBJECT:** SIGNITURE HOME INSPECTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL GEMMELL

Name of Person

2010 SOLUTIONS INC

Firm/Company

2077 SEAWIND COURT

Address

INDIALANTIC FL 32903

City/State and Zip Code

mikege2010@msn.com

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

For further information concerning this matter, please call:

MICHAEL GEMMELL

Name of Person

at ( 321 )

773-9516

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☒ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
SIGNITURE HOME INSPECTIONS LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE #1 - NAME OF LLC WAS INCORRECTLY SPELLED

CORRECT NAME SHOULD READ AS FOLLOWS:

"SIGNATURE HOME INSPECTIONS LLC"

THE WORD "SIGNATURE" WAS MISPELLED AS "SIGNITURE"

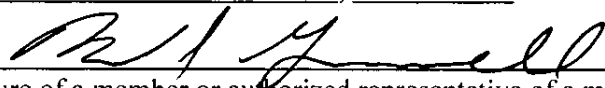
**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: MAY 11, 2011.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MICHAEL GEMMELL  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)

FILED  
2011 MAY 17 PM 1:38:32  
TREASURER OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L11000051832  
FILED 8:00 AM  
May 03, 2011  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:  
SIGNITURE HOME INSPECTIONS LLC

*Should Read  
"SIGNATURE"*

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2484 LONGWOOD BLVD  
MELBOURNE, FL. US 32934

The mailing address of the Limited Liability Company is:  
2484 LONGWOOD BLVD  
MELBOURNE, FL. US 32934

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
MICHAEL AMICUCCI  
2484 LONGWOOD BLVD  
MELBOURNE, FL. 32934

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.

Registered Agent Signature: MICHAEL AMICUCCI

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MICHAEL AMICUCCI  
2484 LONGWOOD BLVD  
MELBOURNE, FL. 32934 US

Title: MGRM  
ANTHONY C AMICUCCI  
2484 LONGWOOD BLVD  
MELBOURNE, FL. 32934 US

Title: MGRM  
WILLIAM A GREEN II  
7756 99TH AVENUE  
VERO BEACH, FL. 32967 US

L11000051832  
FILED 8:00 AM  
May 03, 2011  
Sec. Of State  
gharvey

### **Article VI**

The effective date for this Limited Liability Company shall be:

05/03/2011

Signature of member or an authorized representative of a member

Electronic Signature: MICHAEL AMICUCCI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.