

L11000087832

(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:

Office Use Only  
G. MCLEOD

AUG - 1 2011

EXAMINER



300204385263

07/29/11--01021--007 \*\*125.00

FILED  
11 JUL 29 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Law Office of Clifford J. Geismar, P.A.

Crealde Executive Center  
2431 Aloma Avenue, Suite 114  
Winter Park, Florida, 32792  
Phone: 407-673-1087  
Fax: 407-673-0375

\*Also licensed to practice law in N.Y. and Ct.

July 25, 2011

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

Re: TRUTH BE TOLD HOME INSPECTIONS, LLC.

Dear Sir/Madam:

The enclosed Articles of Organization are submitted for filing with the filing fee in the amount of \$125.00.

Please return all correspondence concerning this matter to the following:

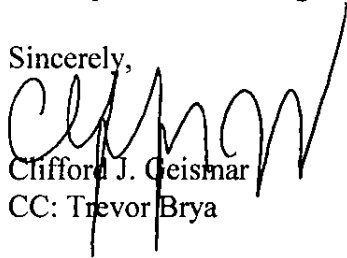
Trevor Brya  
TRUTH BE TOLD HOME INSPECTIONS, LLC.  
46 Live Oak Road  
Winter Garden, Florida 34787

e-mail address (to be used for future annual report notification) [925tremor@excite.com](mailto:925tremor@excite.com).

For further information concerning this matter, please call Trevor Brya at 407-279-9799.

Please return the enclosed copy of this correspondence in the enclosed self addressed stamped envelope to acknowledge filing.

Sincerely,



Clifford J. Geismar  
CC: Trevor Brya

**ARTICLES OF ORGANIZATION  
OF  
TRUTH BE TOLD HOME INSPECTIONS, LLC.**

**Article I - NAME**

The name of the Limited Liability Company is **TRUTH BE TOLD HOME INSPECTIONS, LLC.**

**Article II - ADDRESS**

The mailing address of the Limited Liability Company is 46 Live Oak Road, Winter Garden, Florida 34787. The street address of the principal office of the Limited Liability Company is 46 Live Oak Road, Winter Garden, Florida 34787.

**Article III - Registered Agent, Registered Office and Registered Agent's Signature**

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

Trevor Brya  
46 Live Oak Road  
Winter Garden, Florida 34787

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.



Trevor Brya  
Registered Agent

**Article IV – Manager(s) or Managing Member(s):**

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

FILED  
11 JUL 29 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Trevor Brya - MGRM  
46 Live Oak Road  
Winter Garden, Florida 34787

Katie Brya - MGR  
46 Live Oak Road  
Winter Garden, Florida 34787

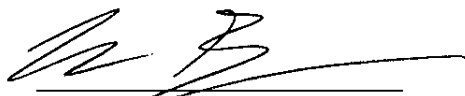
**Article V – Effective Date**

The effective date of the company shall be the date of filing.

Executed this 25<sup>th</sup> day of July 2011.

  
Trevor Brya - MGRM

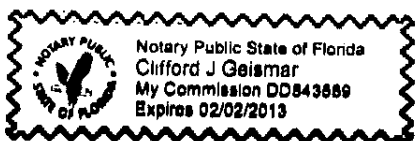
In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

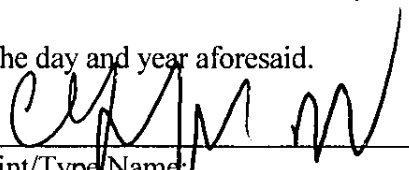
  
Trevor Brya

STATE OF FLORIDA  
COUNTY OF ORANGE

Be it remembered, that on this 25<sup>th</sup> day of July 2011, personally appeared before me, the undersigned officer duly authorized to administer oaths and take acknowledgments, Trevor Brya, a Managing Member of TRUTH BE TOLD HOME INSPECTIONS, LLC., known to me personally to be such, and I having first made known to him the contents of said Articles of Organization, he did acknowledge that he signed, sealed and delivered the same as his voluntary act and deed.

Given under my hand and seal of office the day and year aforesaid.



  
Print/Type Name: \_\_\_\_\_  
Notary Public - State of Florida