

L12000069296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

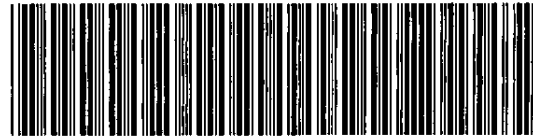
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12000025473

Office Use Only



400234259904

05/04/12--01018--030 \*\*125.00

FILED  
12 MAY 22 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 23 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2012

MICHAEL STROUSE  
4402 W. OSBORNE AVE  
TAMPA, FL 33614

SUBJECT: SUPERIOR BUILDING INSPECTIONS, LLC  
Ref. Number: W12000025473

We have received your document for SUPERIOR BUILDING INSPECTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the entity's complete mailing address.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 512A000137

FILED  
12 MAY 22 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Superior Building Inspections, LLC.**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**Michael Strouse**

Name of Person

Firm/Company

**4402 W. Osborne Ave**

Address

**Tampa, FL 33614**

City/State and Zip Code

**mstrouse@superiortampa.com**

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

For further information concerning this matter, please call:

**Michael Strouse**

Name of Person

at ( **813** ) **712-7325**

Area Code & Daytime Telephone Number

Enclosed is a check 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY 22 AM 9:39

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Superior Building 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:

4402 W. Osborne Ave  
Tampa, FL 33614

#### Mailing Address:

4402 W. Osborne Ave  
Tampa, FL 33614

### 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:

Michael Strouse

Name

4402 W. Osborne Ave

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

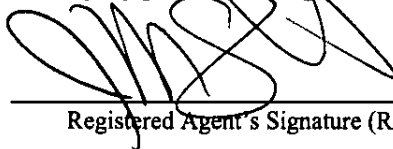
Tampa

FL 33614

City, State, and Zip

FILED  
12 MAY 22 AM 9:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael Strouse  
4402 W. Osborne Ave  
Tampa, FL 33614

MGRM

Bill McGurk  
4402 W. Osborne Ave  
Tampa, FL 33614

MGRM

Scott Hood  
4402 W. Osborne Ave  
Tampa, FL 33614

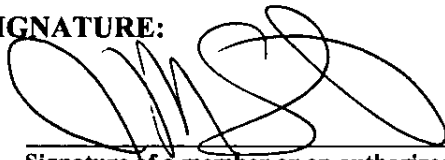
(Use attachment if necessary)

12 MAY 22 AM 9:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Michael Strouse

Typed or printed name of signer

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)