#112000092423

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





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ALLANSSEE, M. ORIDA

K.SALY EXAMINER JUL 17 2012

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Bee Positive Ho	me Inspections, LLC.
2 2 20		ne of Limited Liability Company
The er	nclosed Articles of Organization and	I fee(s) are submitted for filing.
Please	return all correspondence concerning	ng this matter to the following:
	Michael A. Kalemb	
	5 5 " 11	Name of Person
	Bee Positive Home	
		Firm/Company
	201 Fourth Ave. #B	
		Address
	Melbourne Beach, FL	_ 32951
	•	City/State and Zip Code
	mkal@cfl.rr.com	
	E-mail address:	(to be used for future annual report notification)
For fu	rther information concerning this ma	atter, please call:
Mich	ael A. Kalember	at (321) 777-9000
	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following a	amount:
7]\$125 .00	Filing Fee \$130.00 Filing Certificate of	Status Status
	Mailing Addre Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction Registration Section rporations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
Bee Positive Home Inspection	ns, LLC.
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
201 Fourth Ave. #B	201 Fourth Ave. #B
Melbourne Beach, FL 32951	Melbourne Beach, FL 32951
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	
Michael A. Kalember	#B
Name	Sat P
201 Fourth Ave.	#B
Florida street ad	dress (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Melbourne Beach,

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: ember
MGRM	Michael A. Kalember 201 Fourth Ave. #B Melbourne Beach, FL 32951
	
(Use attachment if necess	ary)
	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pring.)
REQUIRED SIGNATU	RE:
Signatui	re of a member or an authorized representative of a member.
(In accordance w constitutes an aff	ith section 608.408(3), Florida Statutes, the execution of this document firmation 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 A. Kalember

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)