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SURREGIRY OF STAFE

F. CLINE AUG 27 2012 EXAMINER

COVER LETTER

TO: Registration Section
SUBJECT: Full Spectrum Home Inspections & Property Services, 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:
Bruce B Robbins
Name of Person
Full Spectrum Home Inspections & Property Services, LLC
Firm/Company
2426 Putter Road
Address
Zellwood, FL 32798
City/State and Zip Code
rick@rickcrocker.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard B Crockerat (407) 401-8289
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum
(additional copy is enclosed) Certified Copy
(additional copy is enerosed)
Mailing Address Street/Courier Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Full Spectrum Home Inspections & Property Services, LLC

(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
2426 Putter Road Zellwood, FL 32798	2426 Putter Road Zellwood, FL 32798	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	
Bruce B Robbins		
	ame	
2426 Putter Ro	oad	
Florida street	t address (P.O. Box NOT acceptable))
Zellwood,	_{FL} 32798	
City	y, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accepacity. I further agree to comply e performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and
Registered Agent's Si	gnature (REQUIRED)	28 MAUS 24 SCOREWAY!
·	ΓINUED)	
Page 1	1 of 2	# 49

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:	
MGRM		Bruce B Robbins	
		2426 Putter Road	
		Zellwood, FL 32798	<u> </u>
MGR		Lubomir Dobrev	
		944 Almond Tree Circle	
		Orlando, FL 32835	_
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LE V: Effective		ne date of filing: (OPT) be specific and cannot be more than five busines	
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\$ 5.00 Certificate of Status (Optional)