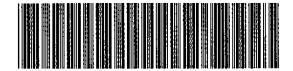
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration S Division of Co		1	. ^
SUBJECT:	Pental In Name of Limit	S D & C TON L ed Liability Company	<u> </u>
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Jose	ph Richard	d Compaine Name of Person	2
Rent	al Inspe	ection LLC Firm/Company	
1605	South US	S Hwy I Apt	59H
Ju.	piter F	L 3347	7
	JJYY5.	y/State and Zip Code 5	7 JAV
For further information of	concerning this matter, please	cali:	1885 16
Joseph Ric Name o	hard Compain	eat (561) 290 Area Code & Daytime Telep	-965-87 = 55 ohone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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:
Rental Inspection L.C. (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: Mailing Address:
Jupiter FL 33477 Jupiter FL 33477
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: Joseph Richard Compaine Name 1605 South US Hwy 1 Apt S9H Florida street address (P.O. Box NOT acceptable) Jupiter FL 33477 City, State, and Zip
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.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	Joseph Richard Compaine 1605 South US Hwy I Apt 59H Jupiter FL 33477
(Use attachment if necessary	
CLE V: Effective date, if other effective date is listed, the coor 90 days after the date of	er than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business date filing.)
CLE V: Effective date, if other effective date is listed, the coor 90 days after the date of REQUIRED SIGNATURI	er than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business date filing.) E: If a member or an authorized representative of a member.
CLE V: Effective date, if other effective date is listed, the color 90 days after the date of the constitutes an affirm I am aware that any	rethan the date of filing:
CLE V: Effective date, if other effective date is listed, the color 90 days after the date of the constitutes an affirm I am aware that any	rethan the date of filing: