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(Address)

(City/State/Zip/Phone #)

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14 JAN 13 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1/10/14

54

4/17/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SurSpec Home 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:

Wayne VanCleave

Name of Person

Firm/Company

4174 Bell Lane

Address

Pace Fl 32571

City/State and Zip Code

zanderfeld@aol.com

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

For further information concerning this matter, please call:

Wayne Vancleave

Name of Person

317

Area Code

5294448

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SurSpec Home 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:

Mailing Address:

4174 Bell Lane Pace FL 32571

4174 Bell Lane Pace FL 32571

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:

Wayne VanCleave

Name

4174 Bell Lane

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

Pace

FL 32571

City

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Wayne VanCleave

4174 Bell Lane

Pace FL 32571

AMBR

Kim VanCleave

6928 w 300 n

Greenfield In 46140

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/10/2014. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Wayne VanCleave

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)

FILED
14 JAN 13 11 12 AM
TALLAHASSEE, FL
SECRETARY OF STATE