## 14000037270

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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K.SALY EXAMINER MAR - 5 2014

## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT: Andy N	larth Home Inspection Se Name of Li	rvices, LLC mited Liability Co	mpany	
The enclosed Articles	of Organization and fee(s) a	ere submitted for fi	ling.	
Please return all corre	spondence concerning this m	natter to the follow	ing:	
Andy Ma	rth			
		Name of Person	n	
	<u></u>	Firm/Company	,	
9300 He	nderson Grade			
		Address		
Fort Mye	rs. FL 33917	City/State and Zip (	Code	
	E-mail address: (to be use	ed for future annua	report notifica	ation)
For further information	n concerning this matter, ple	ase call:		
Andy Marth Nar	at (j	239 ) <u>707</u> Area Code		lephone Number
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	2\$155.00 Filir Certified Cop (additional copy	, Dy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	ling Address	Street	Courier Add	ress

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 Limite	d Liability Company is:		
	spection Services, LLC Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC	y is:
ARTICLE II - Addres	ss:		
The mailing address and	d street address of the princip	oal office of the Limited Liability Company	y is:
Principal Office Addr	ess:	Mailing Address:	S S S S S S S S S S S S S S S S S S S
9300 Henderson Gra Fort Myers, FL 3391		9300 Henderson Grade Fort Myers, FL 33917	
(The Limited Liability of another business entity) The name and the Flori	Company cannot serve as its with an active Florida registred da street address of the regist	•	e an individual or
	Andrew Marth	lame	
	17	aune	
	9300 Henderson Grade	· · · · · · · · · · · · · · · · · · ·	
	Florida street address (P.O.	Box NOT acceptable)	
	Fort Myers	FL 33917	
	City	Zip	
the place designated capacity. I further ag	d in this certificate, I hereby a tree to comply with the provisi im familiar with and accept th	pt service of process for the above stated lin ccept the appointment as registered agent a ions of all statutes relating to the proper and the obligations of my position as registered a Chapter 605, F.S.,	and agree to act in this d complete performance

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	- · · · · · · · · · · · · · · · · · · ·
MGR" = Manager	
MBR	Andrew Marth
	9300 Henderson Grade
	Fort Myers, FL 33917
	**************************************
*	
V: Effective date, if other than the tive date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must be filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or
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