L14000061419

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of C	orporations			
SUDTECT. Home	Tech Inspection Ser	vices LLC		
SOBJECT.		of Resulting Flor	ida Limite	d Company)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to	o:	
Charles Turner				
	(Contact Person)			
Home-Tec Inspect	ion Services, Inc			
	(Firm/Company)			
9922 Spring Lake I	Dr			
	(Address)			
Clermont, FL				
((City, State and Zip Code)			
crtinspections@co	mcast.net			
E-mail Address: (to b	e used for future annual re	port notifications	s)	
For further information	on concerning this ma	tter, please cal	i l :	
Charles Turner		at (321	303	5047
(Name of Conta	ct Person)	(Area Co	de) (Day	rtime Telephone Number)
Enclosed is a check f	or the following amou	ınt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Fil and Certified (_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MA	ILING A	ADDRESS:
Registration Section	_	_	stration S	
Division of Corporati	ions			Corporations
Clifton Building 2661 Executive Cent	er Circle		. Box 633 ahassee	FL 32314
2001 Executive Cent	CI CIICIC	1 4116	massee,	11 34311

Tallahassee, FL 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2014

CHARLES TURNER 9922 SPRING LAKE DRIVE CLERMONT, FL 34711

SUBJECT: HOME TECH INSPECTION SERVICES LLC

Ref. Number: W14000021017

We have received your document for HOME TECH INSPECTION SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 614A00007049

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Home-Tec Inspection Services (Ente	er Name of Other Business Entity)		
2. The "Other Business Entity" is a	Corporation		·
	(Enter entity type. Example: corporation, lir general partnership, common law or busin		p,
First organized, formed or incorpora	ated under the laws of Florida		
on 03/27/2006	(Enter state, or if a no	on-U.S. entity, th	ne name of the country)
(date of organization, formation or inc	orporation)		
3. The name of the Florida Limited	Liability Company as set forth in the	attached Ar	ticles of Organization:
Home Tech Inspection Services	LLC		
	of Florida Limited Liability Company)	+ € € € € € € € € € € € € € € € € € € €	
(I ne effective date: 1) cannot be	ing, enter the effective date: 03/01/2015 prior to date of receipt or filed date Florida Department of State; AND	nor more to	

Page 1 of 2

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this 27	day of <u>March</u>	20 <u>14</u>
	orized Representative of Limi	
Signature of Author	ized Representative:	Mr. Suma
Printed Name: Charl	les Tumer	Title: General Partner
rimed rume. <u>o.u.</u>		
Signature(s) on beh	alf of Other Business Entity:	See below for required signature(s).]
•		
Signature:	- Chulla Tum	Title: General Partner
Printed Name: Char	les l'urner	Title: General Partner
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
<u>If Florida Corporat</u>		
	an, Vice Chairman, Director, or	
If Directors or Office	ers have not been selected, an Inc	corporator must sign.
If Florida General l	Partnership or Limited Liabili	ty Partnership:
Signature of one Ger		
If Florida Limited J	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL C	ieneral Partners.	
All others:		
Signature of an author	orized person.	
_		
Fees:		
Articles of C	onversion:	\$25.00
	rida Articles of Organization:	\$125.00 \$125.00
Certified Co	_	\$30.00 (Optional)
Certificate o		\$5.00 (Optional)
		• •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Home Tech Inspection Services LLC	
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	minimal affice of the Limited Linklife Commons in
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9922 Spring Lake Dr	9922 Spring Lake Dr
Clermont, FL 34711	Clermont, FL 34711
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the Name and the Florida street address of the Name and Inc.	e registered agent are:
9922 Spring Lake Dr	O Poy NOT cocontable)
riorida street address (r.	O. Box NOT acceptable)
Clermont	FL 34711
City	Zip
II	to accept service of process for the above stated limited

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Charles Turner
	9922 Spring Lake Dr
	Clermont, FL 34711
The second secon	
al washing the second	^
(Use attachment if necessary)	<i>γ</i> .
effective date is listed, the date must	e date of filing: <u>GS/EW2614</u> . (OPTIONAL) be specific and cannot be more than five business de
effective date is listed, the date must 0 days after the date of filing.)	date of filing: 63/27/2014 (OPTIONAL). (OPTIONAL) be specific and cannot be more than five business de
effective date is listed, the date must 0 days after the date of filing.)	date of filing: 63/27/2014 (OPTIONAL) be specific and cannot be more than five business de
OD days after the date of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business d
effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business d
effective date is listed, the date must 00 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business de
effective date is listed, the date must 20 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a mem	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document
effective date is listed, the date must 20 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a mem	r or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State
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REQUIRED SIGNATURE: Signature of a member and aware that any false information supports a member of a	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.) (ped or printed name of signee)
effective date is listed, the date must be days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a mem	r or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.) (ped or printed name of signee)
CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. Ibmitted in a document to the Department of State ided for in s.817.155, F.S.) ped or printed name of signee of Organization and Designation

Page 2 of 2

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