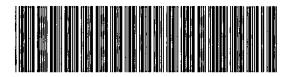
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FALLAHASSEE, FLORIDS

## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: Integrity 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:
Paul J. Junk
Name of Person
Integrity Home Inspections, LLC
Firm/Company
6080 Central Park Blvd. Address
Address
Port Orange, FL 32127  City/State and Zip Code
niunk@cfl rr com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul J. Junk at (386 ) 527-4691  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$\subset\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\bigcup \text{\$\subset\$\$\subset\$2\$ \$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

	LONG PARTIES LANGE I COM PARTIES	
ARTICLE I - Name: The name of the Limited Liability Company is:		
Integrity 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 o	ffice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6080 Central Park Blvd.	6080 Central Park Blvd.	
Port Orange, FL 32127	Port Orange, FL 32127	<del>-</del>
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an indi-	vidual or
The name and the Florida street address of the registered	agent are:	
Paul J. Junk		
Name		
6080 Central Park Blvd.		
Florida street address (P.O. Box	t <u>NOT</u> acceptable)	
Port Orange	FL 32127	
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the object that the control of the control	t the appointment as registered agent and agree of all statutes relating to the proper and comple	e to act in this ete performance
Registered Agent's Signat	ture (REQUIRED)	14
(CONTINU	S. A.	14 OCT -6
Page 1 of 2	Y OF STATE EE. FLORIDA	AH 7:45

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Paul J. Junk	
	6080 Central Park Blvd.	
	Port Orange, FL. 32127	—
AMBR	Chamaine L. Steele-Junk	
	6080 Central Park Blvd.	
	Port Orange, FL. 32127	
		—
		—
	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to	or 90 (
EV: Effective date, if other than the date ective date is listed, the date must be spe	ecific and cannot be more than five business days prior to	or 90 (
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to	or 90 (
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E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State	ent
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