

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

- Office Use Only



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MOV 24 2014 J. BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	CCT: FL Home Appraisers LLC Name of Lin	nited Liability Company		
The en	closed Articles of Organization and fee(s) a	re submitted for filing.		
Please	return all correspondence concerning this m	atter to the following:		
	Richard Downs	Name of Person		
	FL Home Appraisers	Firm/Company		
	970 Lake Carillon Dr., 3rd Floor			
		Address		
	St. Petersburg, FL 33716	17. 6		2214
<u>ric</u>	hd@valuguardsolutions.com	city/State and Zip Code d for future annual report notification)	KHASA	2914 NOV 17 PM 4:3
For fur	ther information concerning this matter, plea	ase call:	0F S17	PH L:
<u>Richar</u>	d Downs at (S	Area Code Daytime Telephone Number		36
Enclose	ed is a check for the following amount:			
☑ \$125.0	0 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Cop (additional copy	Status &	d)
	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 LIABILITY COMPANY

	ANTICIANO ORGANIZATIO	WOWEDOWN IN THE PARTY COME	MIL
ARTICLE I - Na The name of the L	me: .imited Liability Company is:		
FL Home Appra		Limited Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - At The mailing addre		ncipal office of the Limited Liability Company	y is:
Principal Office	Address:	Mailing Address:	
970 Lake Carillo St. Petersburg, I	n Dr., 3rd Floor FL 33716	970 Lake Carillon Dr., 3rd Floor St. Petersburg, FL 33716	·
(The Limited Liab another business o		gistered agent are:	e an individual or
		Name	
	155 Office Plaza Dr. Florida street address (P.	O. Box NOT acceptable)	NOV -
	Tallahassee City	FL 32301 Zip	2 3 m
the place design capacity. I furth	ed as registered agent and to ac nated in this certificate, I hereby er agrec to comply with the prov	cept service of process for the above stated lim y accept the uppointment as registered agent a visions of all statutes relating to the proper and the obligations of my position as registered ag Chapter 605, F.S	nited liability company at nd agree to act in his I complete performance

(CONTINUED)

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Richard Davino
MGR	Richard Downs 13204 Windsor Rd.
	Leawood, KS 66209
MGR	Scott Siegman
	13020 Delmar Rd.
	Leawood, KS 66209
(Use attachment if necessary)	
•	CONTIONAL
CLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
CLE V: Effective date, if other than the defective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the defective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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CLE V: Effective date, if other than the deffective date is listed, the date must be the of filling.) CLE VI: Other provisions, if any.	ate of filing:
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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CLE V: Effective date, if other than the deffective date is listed, the date must be te of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or 90 member or an authorized representative of a member.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNAPURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up	specific and cannot be more than five business days prior to or 90 member or an authorized representative of a member.

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)

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