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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PATEK INSPECTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

87393

RECEIVED

15 JAN 15 AM 10:00

FLORIDA DIVISION OF CORPORATIONS
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INFORMATION SERVICES

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JAN 16 2015

T. BROWN

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⑧
COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Patek 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:

Christopher J. Patek
Name of Person

Patek Inspections, LLC
Firm/Company

269 Dorchester Dr.
Address

Venice, FL 34293
City/State and Zip Code

patekinspections@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher J. Patek at (941) 468-4946
Name of Person Area Code 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

Brian McGinn CPA
2018 Oak Terrace
Sarasota FL 34231
941-926-4687

FILED

PH 2:45

15 JAN 15 STATE
Sekretary of FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Patek Inspections, LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

269 Dorchester Dr.
Venice, FL 34293

Mailing Address:

269 Dorchester Dr.
Venice, FL 34293

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:

Christopher J. Patek

Name

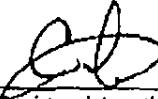
269 Dorchester Dr.

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

Venice
City

FL
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.


X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Brian McGinn
2018 Oak Terrace
Sarasota FL 34231
941-926-4687

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:

Christopher J. Patek
269 Dorchester Dr.
Venice, FL 34293

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:XCh

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.)

Christopher J. Patek

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)

Page 2 of 2

Brian McGinn CPA
2078 Oak Terrace
Sarasota FL 34231
941-926-4687



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