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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	····
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT: Fogarty	/ Inspection Services Ground Name of Lit	up LLC mited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this n	natter to the following:	
Sean Fo	garty		
		Name of Person	
Fogarty I	nspection Services Group		
		Firm/Company	
3115 Let	t In		
		Address	
<u>Malabar</u>	FL 32950	City/State and Zip Code	
		Hy/State and Zip Code	
fogartyinspection	nservices@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further informatio	n concerning this matter, ple		
Sean Fogarty	at (321) 506-5504	
	ne of Person		lephone Number
Enclosed is a check for	r 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)
	ling Address	Street/Courier Add Registration Section	ress

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

$ARTICLES \, OF \, OR GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

F	Danisa Carrello	
Fogarty Inspection (Services Group LLC Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLG");
ARTICLE II - Addre	ess:	The state of the s
		ipal office of the Limited Liability Company is 😸 💢 🦎
Principal Office Add	ress:	Mailing Address:
3115 Let In		3115 Lett In 6
Malabar FL 32950		Malabar FL 32950
	y with an active Florida reginerate and the reginerate address of the reginerate.	
	Sean Fogarty	
		Name
	3115 Lett In Florida street address (P.O	D. Box NOT acceptable)
	Malabar	FL 32950
	City	Zip
the place designate capacity. I further a	ed in this certificate. I hereby gree to comply with the prov am familiar with and accept	ept service of process for the above stated limited liability company a accept the appointment as registered agent and agree to act in this isions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S. Signature (REQUIRED)
	(CON	TINUED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	Soon Foresty
VIGR	Sean Fogarty
	3115 Lett In
	Malabar FL 32950
AMBR	Heather Fogarty
	3115 Lett In
	Malabar FL 32950
	1101000112 02000
	
	date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or
V: Effective date, if other than the ctive date is listed, the date must	
V: Effective date, if other than the ctive date is listed, the date must filling.)	
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CV: Effective date, if other than the ctive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sections)	accember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the ctive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation)	aziember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than the ctive date is listed, the date must filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	aziember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
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ARTICLE IV-