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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAY 2 7 2015

COVER LETTER

LLC

TO: Registration Section Division of Corporations		
SUBJECT: Tategrity Home I Name of Lin	ined Liability Company	outhwest Florida
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Herbert C Web	Name of Person	
	Firm/Company	
1528 NE 34# L	AU L Address	
LAPE COLAL FLE C	33909 ity/State and Zip Code 1 I for future annual report notifies	tion)
For further information concerning this matter, plea	ase call:	
Herbert c webb at (239) 910-706 Area Code Daytime Te	o / lephone 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 Add Registration Section Division of Corporat Clifton Byilding 2661 Executive Cent	ions

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2015

HERBERT C WEBB 1528 NE 34TH LANE CAPE CORAL, FL 33909

SUBJECT: INTEGRITY HOME INSPECTIONS OF SOUTHWEST FLORIDA LLC

Ref. Number: W15000027138

We have received your document for INTEGRITY HOME INSPECTIONS OF SOUTHWEST FLORIDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The operating agreement is not filed with this office.

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: 415A00007764

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, ARTICLE 1 - Name: The name of the Limited Liability Company is: [Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.," or "L.L.C.,")

Mailing Address

ARTICLE II - Address:

Principal Office Address

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

t tinespat Office Acturess.	William Pradaress
CAR NE 34th LANE CARL COLAI FI 33509	1528 NE 34th LANE CAN COCAL FI 33809

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:

Herbert & Webb

Name

1528 NE 34 H / ANE

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

Apr Co/A/ FL 33509

City 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. Thereby accept the appointment as registered agent and agree to account 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOR	Herbert C Webb 1528 NE 34t LANC CAPU COLAI FI 33909
Use attachment if necessary)	
EV: Effective date, if other than the date of ctive date is listed, the date must be speci	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	filling: (OPTIONAL) ilic and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ilic and cannot be more than five business days prior to or s
EV: Effective date, if other than the date of ctive date is listed, the date must be speciffiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ilic and cannot be more than five business days prior to or s
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.) constitutes an affirmation under the family account of the constitutes at the constitutes a third degree felony:	ilic and cannot be more than five business days prior to or s

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)