

L15000101414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/15--01006--010 **125.00

EFFECTIVE DATE 5.22.15

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2015 MAY 26 P 2:01

OFFICE OF THE
DIRECTOR OF THE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

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JUN 11 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

CR FUNK
3491 HEATH DR
DELTONA, FL 32725

SUBJECT: FUNKS HOME INSPECTIONS LLC
Ref. Number: W15000037327

We have received your document for FUNKS HOME INSPECTIONS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered 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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 415A00011103

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Funks 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:

CR Funk

Name of Person

Funks Home Inspections LLC

Firm/Company

3491 Heath Dr

Address

Deltona, FL 32725

City/State and Zip Code

funkshomeinspections@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CR Funk	386	747-8921
at ()		
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)
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Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE 5-22-15

Funks 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 office of the Limited Liability Company is:

Principal Office Address:

3491 Heath Dr
Deltona, FL 32725

Mailing Address:

3491 Heath Dr
Deltona, FL 32738

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:

CR Funk

Name

3491 Heath Dr

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

Deltona

FL

32725

City

State

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..

CR Funk

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED
2015 MAY 26 P 2:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CR Funk

3491 Heath Dr

Deltona, FL 32725

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/22/15. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

CR Funk

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)

