## \_. Division of Corporation

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## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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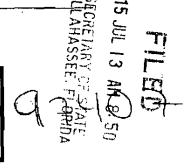
Fax Number : (305)633-9696

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## FLORIDA LIMITED LIABILITY CO. SAFARI HOME INSPECTION, LLC

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Page Count	04
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Corporate Filing Menu

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7/13/2015 EE:SI SI0Z/EI//0 3026333696



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## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability  Safari	Home Inspection	, LLC
(Must end v	vith the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the L	imited Liability Company is:
Principa	LOffice Address:	Mailing Address:
6919 W. Brew	and Blvd. #230	Same
Plantation,	FL 33317	
ARTICLE III - Registered Ages	st, Registered Office, & Registere: annot serve as its own Registered A	d Agent's Signature; gent. You must designate an individual or
ARTICLE III - Registered Ages (The Limited Liability Company of	at, Registered Office, & Registered annot serve as its own Registered A dive Florida registration.)	d Agent's Signature; gent. You must designste an individual or
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac-	at, Registered Office, & Registerer annot serve as its own Registered A stive Florida registration.) ddress of the registered agent are:	gent. You must designste an individual or
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac-	At, Registered Office, & Registered At annot serve as its own Registered A dive Florida registration.)  Iddress of the registered agent are:  Haveld Weissmain, E  Name	gent. You must designate an individual or
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ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac-	At, Registered Office, & Registered A stantot serve as its own Registered A stive Florida registration.)  Iddress of the registered agent are:  Haveld Wetssman, E Name  1776 N. Ping Island	agent. You must designate an individual or Squire  A Rd- Ste 224  IOT acceptable)

nuving over namea 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

SECRETARY OF STATE

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR / MBR	-Padney Chara	
Builder Mark	6914 11: Bowland B	300.#230
	Plantation, FL 333	17
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(Use attachment if necessary)		
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