

LIS 000150576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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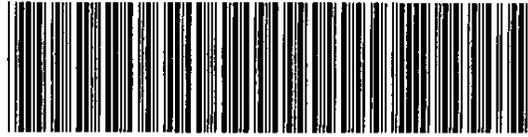
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Office Use Only

SEP 09 2015

T. SCOTT



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15 AUG 31 AM 10:18

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APPRAISALS & FORENSIC REVIEW 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:

JAMES N. FOX  
Name of Person

APPRAISALS & FORENSIC REVIEW LLC.  
Firm/Company

124 SW 54th TERRACE  
Address

CAPE CORAL FLA 33914  
City/State and Zip Code

JIMPAFOX@SBCGLOBAL.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES FOX at (920) 497-3266  
Name of Person Area Code Daytime Telephone Number  
OR 920-883-2978(c)

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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Florida Department of State

August 26, 2015

Dear Sir or Madam:

I am the Corporate President of Appraisals & Forensic Review, Inc. that is registered within your department under RT number 2896327 and F.E.I. number 26-3783072. Please be advised that I wish to rescind the Florida charter for this corporation effective on the date that you receive this letter.

I enclose necessary registration forms to establish Appraisals & Forensic Review LLC. within the state of Florida.

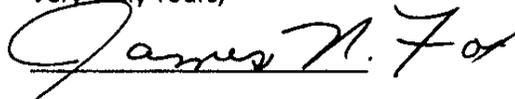
If you have any questions, would you please contact me through the following ~~following~~

JIMPAFOX@SBCGLOBAL.NET

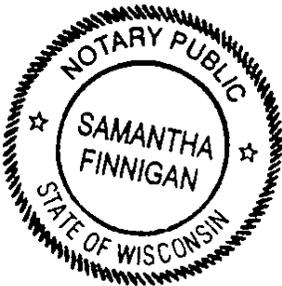
1-920-497-3266 (O)

1-920-883-2978 (C)

Very Truly Yours,



James N. Fox, President



*Samantha Figgin 8/26/15*  
*Commissioned through 7/8/19*  
*within Brown County, Wisconsin*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APPRAISALS & FORENSIC REVIEW 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:

Mailing Address:

124 S.W. 54th TERRACE  
CAPE CORAL FLA.  
33914

124 S.W. 54th TERRACE  
CAPE CORAL FLA  
33914

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:

JAMES N. FOX  
Name

124 S.W. 54th TERRACE  
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL FLA 33914  
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.

James N. Fox  
Registered Agent's Signature (REQUIRED)

9.27.  
8-26-2015

(CONTINUED)

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**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

AMBR

**Name and Address:**

JAMES N. FOX  
124 SW. 54TH TERRACE  
CAPE CORAL FLA 33914

JANE A. SMITH  
124 SW 54TH TERRACE  
CAPE CORAL FLA 33914

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: USE FILING DATE (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:**

James N. Fox

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JAMES N. FOX

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)