## LIGOROLAS

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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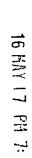
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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 3, 2016

LYNDON B. JOHNSON 323 GREENBRIAR DRIVE LAKE PARK, FL 33403

SUBJECT: AUDIT INSPECTION SERVICES, LLC.

Ref. Number: W16000032621

We have received your document for AUDIT INSPECTION SERVICES, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

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) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 616A00009197

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability	Company is:					
Audit Inspection Servi (Must end w	ces, LLC.	l Liability Com	pany, "L.L.C.," or "L	LC.")	-	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Lin	ited Liability Compa	ny is:		
<u>Principa</u>	Office Address:		<u>Mailii</u>	ng Address:		
323 Greenbriar Drive Lake Park, Florida 334	103		323 Greenbriar Drive Lake Park, Florida 33		- -	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own	Registered Age		ate an individual or	-	
The name and the Florida street as	ddress of the registered	d agent are:			16 H	SEC
	Lyndon Johnson	N		<del></del>	HAY	PRE I
		Name			17	
	323 Greenbriar Drive	e		<u>.</u>	3	1 - 5
	Florida street addres	s (P.O. Box NC	T acceptable)			
	Lake Park	Florida	33403	<del></del>	7: 2	ã≦ E
	City	State	Zip			DA DA

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

<b>Title:</b> "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager MGR	Lyndon Johnson  323 Cayen burg BY.  Lake Parky FC: 3346	23			
(Use attachment if necessary)					
the date of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of  ARTICLE VI: Other provisions, if any.	et the applicable statutory filing requirements, this date State's records.	e will not b	e listec		
ARTICLE VI. Other provisions, if any.			<u> </u>		
REQUIRED SIGNATURE:	HUUM				
Signature of a mem This document is executed I am aware that any talse in	ber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Soformation submitted in a document to the Department elony as provided for in s.817.155, F.S.	Statutes. of State			
hyno	On B. Johnson Typed or printed name of signee				
	Typed or printed name of signee		큯		
	Filing Fees:				
\$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	nization and Designation of Registered Agent	X	727		
5 50.00 Certificate of Status (Ontional)	)				

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