

LIB000156849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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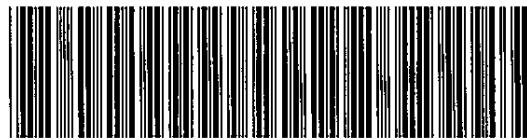
(Business Entity Name)

(Document Number)

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16 AUG 17 AM 9:26  
STATE OF FLORIDA  
TALLAHASSEE

11 8/24/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

True Aspect Home Inspections, LLC  
**SUBJECT:** \_\_\_\_\_  
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:

Ben E Drenth II

---

Name of Person

---

Firm/Company

11520 93rd St

---

Address

Largo, FL 33773

---

City/State and Zip Code

drenthb@gmail.com

---

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

For further information concerning this matter, please call:

Ben Drenth	727	244-9344
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)

**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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

True Aspect 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:**

11520 93rd St, Largo, FL 33773

**Mailing Address:**

11520 93rd St, Largo, FL 33773

**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:

Ben E Drenth II

Name

11520 93rd St, Largo, FL 33773

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

Largo

FL

33773

City

State

Zip

16 AUG 17 AM 9:26  
RECEIVED  
FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**(CONTINUED)**

Page 1 of 2

## ARTICLE IV.

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

**Title:**

**"AMBR"** = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR Manager

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**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.**  
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.

Ben Drenth

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)**

**\$ 50.00 Certified Copy (Optional)**

16AUG 17 AH 9:25  
1. J. J. DALE  
2. STATE OF FLORIDA  
3. DEPARTMENT OF STATE  
4. A. H. ASKEFF, FLORIDA