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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 : (302)575+0875 Fax Number : (302)575-1642

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. **GET'ER DONE INSPECTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

;:

The name of the Limited Liability Company is:

GET'ER DONE 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:

Mailing Address:

4226 SE TAMARIND ST. STUART, FL 34997

4226 SE TAMARIND ST. STUART, FL 34997

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:

AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH SUITE 101-330

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

NAPLES

FL

34012

City

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 standes 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..

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" ~ Authorized Member "MGR" ~ Manager		
MGR	BILLY E. JOHNSTON	
	4226 SE TAMARIND ST. STUART, FL 34997	
	51UAKI, FL 34947	
//1 w 6 A 76 a 2 a 3		
(Use attachment if necessary)		
CLE V. Effective date, if other than the da	nte of filing:	. (OPTIONAL)
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REQUIRED SIGNATURE: Signature of a n (In accordance with section constitutes an affirmation un	nember or an authorized representative of a mea	mber. In of this document

Billy E Johnston
Typed or printed name of signee

Filing Fecs:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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