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ARTICLES OF ORGANIZATION OF SAFETY PRO HOME INSPECTIONS, LLC

<u>ARTICLE I</u>

NAME

The name of the Limited Liability Company is:

SAFETY PRO HOME INSPECTIONS, LLC.

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ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is <u>530</u> Woodford Dr., DeBary, FL 32713.

The street address of the Limited Liability Company's principal office is <u>530 Woodford</u>

<u>Dr., DeBary, FL 32713</u>

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The managing member who is designated by the member(s) as the manager shall out and further the decisions and action of the member(s) made under the Operating Ag and shall be authorized to execute any and all reports, forms, instruments, docume writings, agreements, and contracts, including but not limited to deeds, bills of sale,

leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with Chapter 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 605.0201. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **SAFETY PRO HOME INSPECTIONS**, LLC.

The name and the Florida street address of the registered agent are:

Brian L. Wood 530 Woodford Dr. DeBary, FL 32713

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.

SAFETY PRO HOME INSPECTIONS, LLC

Registered Agent

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 30th day of April, 2020, by **Brian L. Wood**, who is personally known to me or who produced as identification and who did not take an oath.

Notary Public State of Flonda
Gabnela E Burkhead
My Commission GG 294535
Expires 08/07/2020

Mabula E. Brukhend Notary Public

Gabriela E. Burkhead Notary printed name