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Division of Corporations

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: (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : 120030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

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

Email Address: richard.lyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO. ASSURE HOME INSPECTION, LLC

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ARTICLES OF ORGANIZATION OF ASSURE HOME INSPECTION, LLC

ARTICLE I – NAME

The name of the limited liability company is Assure Home Inspection, LLC, ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:

Chapter 605, F.S.

28032 Wicklow Court Bonita Springs, Florida 34135 Mailing Address:

28032 Wicklow Court

Bonita Springs, Florida 34135

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENTS SIGNATURE

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

L&L PARA, Ltd. Co. 27911 Crown Lake Boulevard, Suite 209 Bonita Springs, Florida 34135

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

L&L PARA, Ltd. Co., a Florida limited liability company

Linda M. Stevens Its: Manager

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Kristine J. Weigal

28032 Wicklow Court

Bonita Springs, Florida 34135

MGR

Harold R. Weigal 28032 Wicklow Court

Bonita Springs, Florida 34135

REQUIRED SIGNATURE:

DocuSigned by:

Eristine J. Weisal

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.

Kristine J. Weigal

Typed or printed name of signee

CABLE AND/OR VIDEO FRANCHISING OF CORPORATIONS
TALLAHASSEE, FLORIDA