

L22000418401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

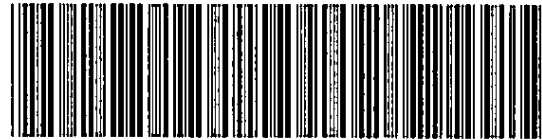
(Document Number)

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2022 SEP 13 AM 11:38  
COUNTY OF LAKE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Transparent Home Inspections  
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:

David Anthony Broome  
Name of Person

Transparent Home Inspections  
Firm/Company

3613 LARK LANE  
Address

Panama City FL 32404  
City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID BROOME at (850) 358-0218  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Transparent Home Inspections LLC

(Must contain 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:

3613 LARK LANE  
PANAMA CITY FL  
32404

Mailing Address:

3613 LARK LANE  
PANAMA CITY FL  
32404

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:

DAVID A BROOME

Name

3613 LARK LANE

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

PANAMA FL 32404

City

State

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 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.

David A Broome

Registered Agent's Signature (REQUIRED)

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2022 SEP 13 AM 11:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

\_\_\_\_\_  
\_\_\_\_\_  
DAVID A BROOME  
3613 LARK LANE  
PANAMA CITY FL 32404

AMBR

\_\_\_\_\_  
\_\_\_\_\_  
DEBBIE R BROOME  
3613 LARK LANE  
PANAMA CITY FL 32404

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

\_\_\_\_\_  
David A Broome

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.

\_\_\_\_\_  
DAVID A BROOME

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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2022 SEP 13 AM 11:38  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G22000089086

Fictitious Name to be Registered: TRANSPARENT HOME INSPECTIONS

Mailing Address of Business: 3613 LARK LANE  
PANAMA CITY, FL 32404

Florida County of Principal Place of Business: MULTIPLE

FEI Number:

Owner(s) of Fictitious Name:

BROOME, DAVID A  
3613 LARK LANE  
PANAMA CITY, FL 32404

FILED  
Jul 28, 2022  
Secretary of State

FILED  
2022 SEP 13 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FL ORID.

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

DAVID A BROOME

07/28/2022

Electronic Signature(s)

Date

Certificate of Status Requested ( )

Certified Copy Requested ( )