

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32314
904-222-9171
904-222-0193 FAX

000-342-8086

L95000000150

CSO networks

MAIL TO:
P.O. Box 5020
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 546851 8946A

AUTHORIZATION :

Patricia Kyzar

COST LIMIT : \$ 285.00

ORDER DATE : February 22, 1995

200001412602

ORDER TIME : 10:00 AM

ORDER NO. : 546851

CUSTOMER NO: 8946A

CUSTOMER: Morey Udine, Esq
UDINE & UDINE, P.A.

6208 West Commercial Boulevard

Fort Lauderdale, FL 33319

DIVISION OF CORPORATION

95 FEB 22 AM 11:15

RECEIVED

DOMESTIC FILING

L95000000150

NAME: BUYERS PRO HOME INSPECTION
SERVICE L.C.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED LIABILITY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

Pr
2-22-95

SECRETARY OF STATE
TALLAHASSEE, FL 32304

95 FEB 22 PM 2:24

FILED

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

FILED
95 FEB 22 PM 2:24
SECRET
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Buyers Pro Home Inspection Service L.C.

ARTICLE II - Address:

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

6412 North University Drive, #111
Tamarac, FL 33321

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Morris I. Krakower
8508 N.W. 77th Street
Tamarac, FL 33321

Neal J. Stanton
1480 S.W. 29th Terrace
Ft. Lauderdale, FL 33312

Phillip A. Hines
1480 S.W. 29th Terrace
Ft. Lauderdale, FL 33312

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**FILED
95 FEB 22 PM 2:24
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Boyer's Pro
Home Inspection Service L.C.

2. The name and address of the registered agent and office is:

Michael F. Krakowski
(Name)

6412 N. UNIVERSITY BLVD #111
(P.O. Box not acceptable)

TALLAHASSEE, FLORIDA 32312-1
(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.

[Signature]
(Signature)

2/21/95
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

95 FILED
FEB 22 PM 2:24
SECRET
TALLAHASSEE, FLORIDAThe undersigned member or authorized representative of a member of Florida Information Services, Inc.Florida Information Services, Inc. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 10,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 25,000.00 . This total includes amounts from 2 and 3 above.

[Signature]
Signature of a member or authorized representative of a member.
(In accordance with section 605.408(2), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit

FILE NOW: Fee after May 1, will be \$263.75

APPROVED

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000150 BUYERS PRO HOME INSPECTION SERVICE L.C. 6412 N. UNIVERSITY DR. #111 TAMARAC FL 33321		1a. Principal Place of Business Address 6412 N. UNIVERSITY DR. #111 TAMARAC FL 33321	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 02/22/1995		3a. State of Formation FL	
4. FEI Number 65-0562156		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> SR *S Additional Fee Required	
7. Name and Address of Current Registered Agent KRAKOWER, MORRIS I 6412 N. UNIVERSITY DR. #111 TAMARAC FL 33321		8. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ Zip Code _____	
9. Pursuant to the provisions of Sections 608.416 and 608.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.			
SIGNATURE _____		DATE _____	
(If registered Agent Accepting Appointment) (If Not, Registered Agent signature required if then constituting)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KRAKOWER, MORRIS I	8508 N.W. 77 ST.	TAMARAC FL
MGR	STANTON, NEAL J	1480 S.W. 29 TERR.	FT LAUDERDALE FL
	No longer with company.		

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: **Morris Krakower**
[Handwritten Signature]