## L99000007806

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip) (Phone #)

000003036310--5 -11/05/99--01050--018 \*\*\*\*155.00 \*\*\*\*155.00

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): w99-25643 (Document #) Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

November 5, 1999

CAPITOL SERVICES

Please back date

SUBJECT: INSPECTAHOUSE.COM, LLC

Ref. Number: W99000025643

We have received your document for INSPECTAHOUSE.COM, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 999A00053666

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Inspectationse. Com, LLC	
ARTICLE II - A	Address:	
The mailing addi	ress and street address of the principal office of the Limited Liability Company is:	! !
	10701 S. Ocean Drive #915	
( )	10701 S. Ocean Drive #915 Jensen Beach, FL 34957	
ARTICLE III -	Registered Agent, Registered Office, & Registered Agent's Signature:	-
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ine mente and m	Florida street address of the registered agent are:	
· · · · · · · · · · · · · · · · · · ·	Matthew Burns	
	1070/ S. Ocean Dr. #9/5	
T.	Florida street address (P.O. Box NOT accentable)	
	Jensen Beach, FL 34957 City, State, and Zip	
Having been nan	ned as registered agent and to accept service of process for the above stated limited	1
registered agent	at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of a	71
statutes relating	to the proper and complete performance of my duties, and I am familiar with and	! L
accept the obliga	tions of my position as registered agent as provided for in Chapter 608, F.S	
•	THE RIP	
••	Mallace Diama	
	Registered Agent's Signature	
Article IV - Ma	nagement (Check box if applicable.)	
The Limited	Liability Company is to be managed by one manager or more managers and is,	
inerciore, a man	ager - managed company.	
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	Signature of a member or an authorized representative of a member.	المسية
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***	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	MATTHW B. BURNS	
	Typed or printed name of signee	**
•		
	FILING FEES: \$ 100.00 Filing Fee for Articles of Organization	
-	\$ 25.00 Designation of Registered Agent	
	\$ 30.90 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)	