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SECRETARY OF STATE
TALLAHASSEE FLORID.

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Abraham Home Inspection,	LLC		
	ted Liability Company)		
• • • • • • • • • • • • • • • • • • • •	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited		
Please return all correspondence concerning this ma	atter to the following:		
Ralph Abraham			
(Nar	ne of Person)		
Abraham Home Inspection	, LLC		
(Fire	m/Company)		
109 West Canebrake Boule	evard		
((Address)		
Hattiesburg, Mississippi 39			
(City/Sta	te and Zip Code)		
For further information concerning this matter, please call:			
Ralph Abraham	at (601) 270-3724		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
Tallanassee, FE 32314	Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of }:	\$155.00 Filing Fee & \$\infty\$\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

A back and the search and the state of Florida:
1. Abraham Home Inspection, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. State of Mississippi (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. March 9, 2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. No transacted business yet (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 109 West Canebrake Boulevard
Hattiesburg, Mississippi 39402 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Ralph Abraham
109 West Canebrake Boulevard
Hattiesburg, Mississippi 39402
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Home Inspection Business
* Kalph Chraham Fi # TI
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Ralph Abraham To
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

If name unava	silable, the alternate name to be used in the state of Florida is:	
2. The name	and the Florida street address of the registered agent and office are:	
	Carla Abraham	
	(Name)	-
	5284 Tivoli Drive	
		-
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Florida Street Address (P.O. Box NOT ACCEPTABLE) Miramar Beach, 32550 FL	

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

ABRAHAM HOME INSPECTION, LLC

Formed March 9, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

44 ACADIAN CIRCLE HATTIESBURG MS 39402

and that the registered agent at that address is:

ABRAHAM, RALPH E, JR

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office March 24, 2009

Dellet Hosemanning

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 10979142-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp