

N 00000000 26910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

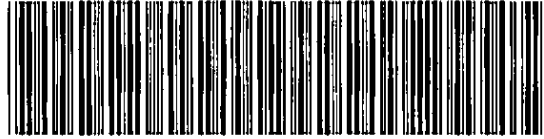
Special Instructions to Filing Officer:

3/9/20

Mr. Joseph Sutter gave  
Permission to add the  
alternate name for application

W 00000000 22630

Office Use Only



200340941002

02/20/20--01013--006 \*\*125.00

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2020 FEB 20 PM 4:11  
SECURARY OF STATE  
TALLAHASSEE, FLORIDA

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✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2020

MORGAN HILA  
9045 STRADA STELL COURT  
4TH FLOOR  
NAPLES, FL 34109

SUBJECT: ADVANCED HOME INSPECTIONS LLC  
Ref. Number: W20000022630

We have received your document for ADVANCED HOME INSPECTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L10000130744.

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 call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 920A00004503

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Home Inspections LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Morgan Hila

Name of Person

Woods, Weidenmiller, Michetti & Rudnick, LLP

Firm/Company

9045 Strada Stell Court, 4th Floor

Address

Naples/FL 34109

City/State and Zip Code

mhila@lawfirmnaples.com

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

|                        |                  |                          |
|------------------------|------------------|--------------------------|
| Morgan Hila            | 239              | 325-4070                 |
| _____                  | at (_____) _____ | _____                    |
| Name of Contact Person | Area Code        | Daytime Telephone Number |

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Advanced Home Inspections LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Advanced Home Inspections SWFL LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Washington

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-5098533

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

6658 Nature Preserve Court

5. (Street Address of Principal Office)

Naples, FL 34109

8805 Tamiami Trail N, #342

6. (Mailing Address)

Naples, FL 34108

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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: WWMR Statutory Agent, LLC

Office Address: 9045 Strada Stell Court, 4th Floor

Naples

(City)

. Florida 34109

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                   | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>                   |
|---|--|---|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Joseph A Sutter</u>               | <input checked="" type="checkbox"/> Manager | Name: _____                                |
| <input type="checkbox"/> Member             | Address: <u>6658 Nature Preserve Court</u> | <input type="checkbox"/> Member             | Address: <u>6658 Nature Preserve Court</u> |
| <input type="checkbox"/> Authorized         | <u>Naples, FL 34108</u>                    | <input type="checkbox"/> Authorized         | <u>Naples, FL 34108</u>                    |
| Person                                      | _____                                      | Person                                      | _____                                      |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Manager            | Name: _____                                | <input type="checkbox"/> Manager            | Name: _____                                |
| <input type="checkbox"/> Member             | Address: _____                             | <input type="checkbox"/> Member             | Address: _____                             |
| <input type="checkbox"/> Authorized         | _____                                      | <input type="checkbox"/> Authorized         | _____                                      |
| Person                                      | _____                                      | Person                                      | _____                                      |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Manager            | Name: _____                                | <input type="checkbox"/> Manager            | Name: _____                                |
| <input type="checkbox"/> Member             | Address: _____                             | <input type="checkbox"/> Member             | Address: _____                             |
| <input type="checkbox"/> Authorized         | _____                                      | <input type="checkbox"/> Authorized         | _____                                      |
| Person                                      | _____                                      | Person                                      | _____                                      |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____       |

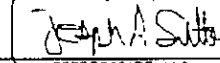
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 TALLAHASSEE, FLORIDA

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

DocuSigned by:



ESBFE6000E1AAC

Signature of an authorized person

Joseph A. Sutter

Typed or printed name of signee

UNITED STATES OF AMERICA

# The State of Washington

## Secretary of State



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

ADVANCED HOME INSPECTIONS LLC

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2020 FEB 20 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 03/13/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/10/2020  
UBI Number: 603 384 792



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 02-10-2020