

MA21000000051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

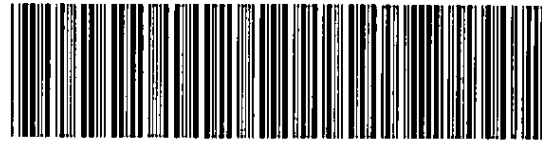
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

US  
5/18/21

## Stephen Klein

Klein Home Inspections, L.L.C.

~~2401 Stirling Circle #401~~ → 1277 ST. ANDREWS DRIVE  
Dunedin, Florida 34698  
917-886-4916  
hdfat@mac.com

February 26, 2021

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

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TALLAHASSEE, FL

To whom it may concern,

Enclosed please find my application for registering a foreign LLC. New York state to Florida. Please find check for \$125 to cover the application fee. Please feel free to contact me with any questions you may have at my phone number or email at your convenience. Thank you advance for your prompt attention to this matter I remain,

Sincerely yours,

Stephen Jay Klein

Klein Home Inspections, L.L.C.

PLEASE FIND DOCUMENT YOU REQUESTED  
ENCLOSED.

THANK YOU.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2021

STEPHEN KLEIN  
~~2401 STIRLING CIRCLE~~  
~~1101~~  
DUNEDIN, FL 34698

1277 ST. ANDREWS DR.  
DUNEDIN, FL 34698

SUBJECT: KLEIN HOME INSPECTIONS, L.L.C.  
Ref. Number: W21000037083

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 621A00005888

COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: KLEIN HOME INSPECTIONS, L.L.C.  
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:

STEPHEN JAY KLEIN  
Name of Person

KLEIN HOME INSPECTIONS, LLC.  
Firm/Company  
1277 ST. ANDREW'S DRIVE  
~~2401 STARLINE CIR. #401~~  
Address

DUNEDIN, FLORIDA 34698  
City/State and Zip Code

hdfat@mac.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 MAY 18 PM 3:09

FILED

For further information concerning this matter, please call:

STEPHEN KLEIN at ( 917 ) 886-4916  
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. KLEIN HOME INSPECTIONS, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

~~KLEIN HOME INSPECTION SERVICES L.L.C.~~  
(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. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. ~~88~~ EIN # 82-0671143  
(EIN number, if applicable)

4. MONETO DATE  
(Date first transacted business in Florida, if prior to registration)  
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

1277 ST ANDREWS DR.

1277 ST ANDREWS

5. ~~2401 STIRLING GARDEN~~  
(Street Address of Principal Office)

6. ~~2401 STIRLING GARDEN~~  
(Detailing Address)

#401

#401

DUNEDIN, FL. 34698

DUNEDIN, FL. 34698

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TALLAHASSEE, FL

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

Name:

STEPHEN KLEIN  
1277 ST ANDREWS DRIVE #

Office Address:

2401 STIRLING GARDEN #401

DUNEDIN, Florida 34698  
(City) (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.

[Signature]  
(Registered agent's signature)

PLEASE NOTE: ALL addresses should  
NOW READ KLEIN HOME INSPECTIONS L.L.C.  
1277 ST. ANDREWS DRIVE  
DUNEDIN, FL. 34698

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]:

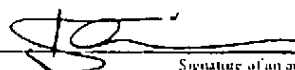
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>STEPHEN KLEIN</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1277 ST. ANDREW DRIVE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>11404</u>	<input type="checkbox"/> Authorized	_____
Person	<u>DUNEDIN FL 34698</u>	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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**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)

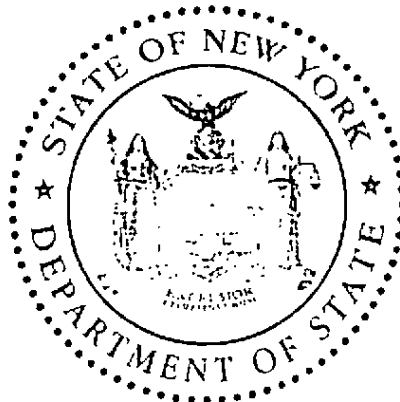
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person  
STEPHEN JAY KLEIN  
 \_\_\_\_\_  
 Typed or printed name of signer

**State of New York**  
**Department of State** } ss:

I hereby certify, that KLEIN HOME INSPECTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/01/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



SECRETARY OF STATE  
TALLAHASSEE, FL

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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of May two  
thousand and twenty-one.*

*Brendan C Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State