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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUN - 6 2011

EXAMINER



COVER LETTER

Division of Corporations
SUBJECT: Signature Homewatch Group, LLC.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara G Knoll
Name of Person
Signature Homewatch Group, LLC.
Firm/Company
4100 Corporate Square, Suite 155
Address
Naples, FL 34104 City/State and Zip Code
City/State and Zip Code bk108@alliancemgnt.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara G Knoll at (239) 331-3772
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status \$\times 2000 Certificate of Status \$\times 2
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signature Homewatch Group, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4100 Corporate Square, Suite 155

Naples, FL 34104

4100 Corporate Square, Suite 155 Naples, FL 34104

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Effective Date 06/01/1/

Barbara G Knoll

Name

4100 Corporate Square, Suite 155

Florida street address (P.O. Box NOT acceptable)

Naples

.. 34104

City, State, and Zip

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SECRETARY OF STATEMENT AND SECRETARY OF SECRETARY OF STATEMENT AND SECRETARY OF STATEMENT AND SECRETARY

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 pasition as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Barbara G Knoll		
	4100 Corporate Square, Suite 155		
	Naples, FL 34104		
MGR	Richard H Knoll		
	4100 Corporate Square, Suite 155		
	Naples, FL 34104		
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Signature of a member or an authorized representative of a member.

(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. 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.)

Barbara G Knoll

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)