

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000197394  
FILED 8:00 AM  
November 23, 2015  
Sec. Of State  
tburch

**Article I**

The name of the Limited Liability Company is:  
ALLIED HOME WATCH, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
850 FOOTHILL CT NE  
APT 110  
KEIZER, OR. 97303

The mailing address of the Limited Liability Company is:  
PO BOX 4445  
SALEM, OR. 97302

**Article III**

The name and Florida street address of the registered agent is:  
JASON A MCGARVEY  
20041 BARLETTA LN  
# 2426  
ESTERO, FL. 33928

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.

Registered Agent Signature: JASON A. MCGARVEY

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
JASON A MCGARVEY  
850 FOOTHILL CT NE APT 110  
KEIZER, OR. 97303

Title: AMBR  
MELISSA M MCGARVEY  
850 FOOTHILL CT NE APT 110  
KEIZER, OR. 97303

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### **Article V**

The effective date for this Limited Liability Company shall be:

11/23/2015

Signature of member or an authorized representative

Electronic Signature: JASON A. MCGARVEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.