Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number: I20170000097
Phone: (727)279-5033

Phone : (727)279-5037 Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

sunnyskieshw@yahoo.com

FLORIDA LIMITED LIABILITY CO. Sunny Skies Home Watch, LLC

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COVER LETTER

Monday, April 5, 2021

To: New Filing Section
Division of Corporation

Subject: SUNNY SKIES HOME WATCH, LLC Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return a correspondence concerning this matter to the following:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Jamie Primeau 727-279-5037 or e-mail at Support@fipatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

SUNNY SKIES HOME WATCH, LLC

A FLORIDA LIMITED LIABILITY COMPANY

Name

The name of the Limited Liability Company is: Sunny Skies Home Watch, LLC (the "Company")

ARTICLE II. Address

The principal office and mailing address of the Company is:

17278881294

1121 W Price Blvd #1048 North Port, Florida 34288

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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 605, F.S.

Ada Reyes

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address		
AMBR = Authorized Member MGR = Manager		2021-AP	
MGR	Kimberly Pubill 1121 W Price Blvd #1048 North Port, Florida 34288	1.41.34.35.134.3	
MGR	Raul Pubill 1121 W Price Blvd #1048 North Port, Florida 34288	3.1	

ARTICLE V.

The Effective date shall be the date of filing.

Kimberly D. Pubill (sign)

Signature of a member or an authorized representative of a member.

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.

Kimberly Pubill	
Authorized Representative/Member	