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January 28, 2002

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: t.l.c Home Watch, LLC
Entity ID APPLIED FOR

300004849889--4
-01/31/02--01014--017
****125.00 ****125.00

Dear Sir or Madam:

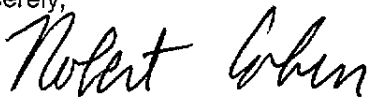
Enclosed are the following documents for above named entity:

1. Articles of Organization for a Florida Limited Liability Company pursuant to Chapter 608 of the Florida Statutes.
2. Operating Agreement of t.l.c Home Watch, LLC.
3. Check number 7258, in the amount of \$ 125, dated January 20, 2002, made payable to the Florida Department of State to cover the \$ 100 Filing Fee for Articles of Organization and \$ 25 fee for Designation of Registered Agent.

Please acknowledge receipt of the Articles of Organization and Operating Agreement by date stamping the second copy of each and returning them to me in the enclosed self-addressed, stamped envelope.

Thank you in advance for your help in this matter. Should you have any questions, please feel free to contact me directly.

Sincerely,



Robert Cohen, CPA, CFE
RC/seic

Enclosures

cc: Camille D. Murray, Member

FILED
02 JAN 31 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02-2837
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

t. l. c Home Watch, LLC

ARTICLE II - Address:

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

8264 Allendale Court, Naples, FL 34120

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

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

Camille D. Murray

Name

8264 Allendale Court

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

Naples

FL

34120

City, State, and Zip

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 608, F.S..

x Camille D. Murray
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

x Camille D. Murray
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.)

CAMILLE D. MURRAY

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA