L05000/21334

(Red	uestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
`	•			
Certified Copies	Certificates	of Status		
	Solution			
Special Instructions to F	iling Officer:			

Office Use Only



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FILED
2005 DEC 19 PH 3: 54

J. SANYAN DEC 21 2005

COVER LETTER

TO: Registration Se Division of Co			Esous	
SUBJECT: 34/7 Home watch & Mone LLC (Name of Limited Liability Company)				
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Rober	+ William Ros	Name of Person)		
····	(Firm/Company)	PO CO	
4505	Little River Lr	(Address)	SELIE 3	
	yers FL 33		CORD NO.	
For further information	concerning this matter, please	call:		
Robert Ro (Name	S C of Person)	at (239) 2/8 (Area Code & Daytime To	- 78 7 5 elephone Number)	
	or the following amount: \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporatio		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 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	S.:			
24/7 Homewatch & More, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4505 Little River Ln Ft Myers FL 33905	Same			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	istered Agent. You must designate an individual are mother			
The name and the Florida street address of the	registered agent are:			
264 Willows Florida streetla	MycD/ Odyress (P.O. Box NOT acceptable) FL 3440			
City, State, and Zip				
Having been named as registered agent and to	accept service of process for the above stated limited			

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..

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

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

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)