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(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
.' (Bu	isiness Entity Nar	ne)
(Do	cument Number)	- "
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER

COVER LETTER

EFFECTIVE DATE 1 2010

TO: Registration Section Division of Corporations	• •
SUBJECT: Haven Home Watch and Maintenance Name of Limited Liability Company	LLC.
The enclosed Articles of Organization and fee(s) are submitted for filing.	OS OFF
Please return all correspondence concerning this matter to the following:	() ()
Amberley J Cony Name of Person	
Haven Home Watch and Maintenance	ella.
824 Unger Ave	
Fort Myers, Florida 33913	<u> </u>
City/State and Zip Code Amber Cory 4 @ mywwy Com E-mail address: (to be used for future/annual report notification)	
For further information concerning this matter, please call:	
Amber Cory at (239) 770-8567 Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &

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
Tallahassee, FL 32301

EFFECTIVE DATE 1/1/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Haven Home Watch and Maintenance 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:
824 Unger Auc Fort Myers FL 33913	824 Unger Ave Fort Myers FL 33913

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:

Hmberley J Cory
Name

834 Unger Ave
Florida streetaddress (P.O. Box NOT acceptable)

Fort Myers FL 339/3
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.

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Amberley J Cory 824 Under Ave Fort Myers FL 33913
(Use attachment if necessary)	
FICLE V: Effective date, if other than the on effective date is listed, the date must be r 90 days after the date of filing.)	date of filing: January 1, 20 especific and cannot be more than five business days prior
REQUIRED SIGNATURE:	A Cold
Signature of a member	of an authorized representative of a member.
	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein are true.)
Amberley Typ	J. Cory ped 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)