# 000012987

(D <sub>c</sub>	auastaria Nama)	
(Requestor's Name)		
(Ad	ldress)	
,		
	1-1	
DA)	ldress)	
(Ci	ty/State/Zip/Phone	#)
•		
PICK-UP		MAIL
	_	_
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
•	,	
Certified Copies	Certificates	of Status
Consist Instructions to	Ciling Officers	
Special Instructions to	Filing Onicer:	
,		
		•
L		1

Office Use Only



200185337922

12/20/10--01026--019 \*\*160.00

Effective Date 01/61/11

10 DEC 20 AH 18: 28

T. HAMPTON DEC 2 1 2010



# **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT Island Watch Home So	ervices LLC	
SUBJECT: Island Watch Home Services LLC  Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are	-	
Please return all correspondence concerning this mat	ter to the following:	
Kevin B Hyde		
	Name of Person	
	Firm/Company	
PO Box 44		
	Address	
Boca Grande, Florida 33921		
Ci	ty/State and Zip Code	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	e call:	
•		
Kevin Hyde  Name of Person	at (941 628-4730 Area Code & Daytime Telephone Number	
Name of Felson	Area code a Dayune Pelephone Namber	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
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 0 1 0 1 11

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR'l	TCI	EI	- Na	me:

The name of the Limited Liability Company is:

## Island Watch Home Services 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:
380 East Railroad Ave	PO Box 44
Boca Grande FI 33921	Boca Grande FI 33921

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:

Kevin B. Hyde	
Na	ame
116 Spur Dr	
Florida stree	t address (P.O. Box NOT acceptable)
Rotonda West	<sub>FL</sub> 33947
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

SECKETARY OF STATE DIVISION OF CORPORATIONS

### 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	
MGR	Kevin B Hyde
variante de la companya del companya de la companya del companya de la companya del la companya de la companya	PO Box 44
	Boca Grande, Fl 33921
	<del></del>
W-VET-T	
	<u> </u>
	·
(Use attachment if necessary)	
CLE V: Effective date, if other than the c	late of filing: $\sqrt{-1-2011}$ . (OPTIONAL)

ARTIC (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

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. 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.)

> Kevin B. Hyde Typed 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)