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COVER LETTER

TO:	Registration Section Division of Corporations	r e e e e e e e e e e e e e e e e e e e
SUBJ	ECT: Valiant Home Watch S	ervices LLC
•		ed Liability Company
The en	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
	James Crosby	
	James Crosby	Name of Person
		Firm/Company
	1767 SE Aneci St.	
		Address
	Port Saint Lucie, FL 34983	
	Cit	y/State and Zip Code
	E-mail address: (to be used to	for future annual report notification)
For fu	rther information concerning this matter, please	e call:
Jam	es Crosby	_at (772) 631-4366
-	Name of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:	
	Filing Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & 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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Valiant Home Watch 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:
1767 SE Aneci St.	1767 SE Aneci St.
Port Saint Lucie, FL 34983	Port Saint Lucie, FL 34983

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:

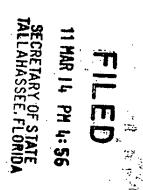
James Crosby				
7	Name			
1767 SE Aneci St.				
Florida street address (P.O. Box NOT acceptable				
Port Saint Lucie	_{FL} 34983			
Ci	ty, State, and Zip			

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** James Crosby 1767 SE Aneci St. Port Saint Lucie, FL 34983 MGRM Linda Crosby 1767 SE Aneci St. Port Saint Lucie, FL 34983 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (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.) Linda Crosby 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)