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SECRETARY OF STATE BIVISION OF CORPORALIONS

COVER LETTER

TO: Registration Se Division of Cor			
_{SUBJECT:} Tracey	's Homewatch se	ervices, Ilc	·
 	Name of Limited	d Liability Company	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	11 SEP 28
Please return all correspo	ndence concerning this matte	r to the following:	To see
Tracey Zir		Name of Person	· · · · · · · · · · · · · · · · · · ·
			•
Tracey's F	lomewatch servi		
		Firm/Company	
2525 25th	court		,
		Address	
jupiter/florida	a 33477		
<u></u>		State and Zip Code	
Traceyzinn@			
	E-mail address: (to be used fo	r future annual report notification)	
For further information co	oncerning this matter, please	call:	
Tracey Zinn		at (561 502-0585	
Name of	Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	the following amount:	_	
\$125.00 Filing Fee ✓	\$130.00 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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Tracey's Homewatch services, LLC

(Must end with the words "Limited Lia	ability 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:
2525 25 TH COURT	2525 25 TH COURT
JUPITER FL, 33477	JUPITER, FL 33477
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Tracey Zinn	
Nar	ne
2525 25th court	
Florida street a	address (P.O. Box NOT acceptable)
Jupiter	_{FL} 33477
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(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	
MGR	Tracey Zinn
	2525 25 th court
	Jupiter, FL 33477
MGRM	Tracey Zinn
	2525 25 th court
	Jupiter, FL 33477
(Use attachment if necessary)	•
	(07770111)
III I R V - Effective date it other than the	e date of filing: (OPTIONAL)
n effective date is listed, the date must b	e date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior
TICLE V: Effective date, if other than the in effective date is listed, the date must be r 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior
nn effective date is listed, the date must be r 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior

(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.)

Tracey Zinn

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)