111000130391

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	→ #)
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

TO: Registration Division of	on Section Corporations		
SUBJECT: j	Watch your home, L	LC	
	Name of Limit	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
Glenda	a Cuello		
<u> </u>	a Odollo	Name of Person	
		Firm/Company	
375 5th	Avenue #301		z. 2
		Address	
Naples, F	FI 34102		SECRETARY OF SALLAHAS SEE, FI
<u> </u>		ty/State and Zip Code	
lendacar(@aol.com		
	E-mail address; (to be used	for future annual report notification)	음력 🔊 🦼
For further informati	on concerning this matter, pleas	e call:	
Glenda Cuello		at (330) 904 - 20	14
Na	me of Person	Area Code & Daytime Telephone	Number
Enclosed is a check	c for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy tional 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	i-wat	thyourhome, LLC	
(Mı		Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		ss of the principal office of the Limited Liabi	lity Company is:
Principal Office A	Address:	Mailing Address:	
345 5th A NAPLES : F	ル・#301 FL 34102	P.O. BOX 11984	<u> 210</u> 1
			
ARTICLE III - Re	egistered Agent, F	Registered Office, & Registered Agent's Si its own Registered Agent. You must designate an individual n.)	or another
ARTICLE III - Re (The Limited Liability Co business entity with an a	egistered Agent, Formany cannot serve as in active Florida registration	its own Registered Agent. You must designate an individu	or another
ARTICLE III - Re (The Limited Liability Co business entity with an a	egistered Agent, Formany cannot serve as in active Florida registration	its own Registered Agent. You must designate an individual n.) ess of the registered agent are:	TOTAL TARKY
ARTICLE III - Re (The Limited Liability Co business entity with an a	egistered Agent, Fompany cannot serve as in active Florida registration	its own Registered Agent. You must designate an individual n.) ess of the registered agent are:	TOTAL TARKY
ARTICLE III - Re (The Limited Liability Co business entity with an a	egistered Agent, Fompany cannot serve as in active Florida registration	its own Registered Agent. You must designate an individual n.) ess of the registered agent are:	TOTAL TARKY
ARTICLE III - Re (The Limited Liability Co business entity with an a	egistered Agent, Fompany cannot serve as in active Florida registration Florida street addressed Glenda Cuello	its own Registered Agent. You must designate an individual n.) ess of the registered agent are:	NOV IN THE AHASSEE; F
ARTICLE III - Re (The Limited Liability Co business entity with an a	egistered Agent, Fompany cannot serve as in active Florida registration Florida street addressed Glenda Cuello	its own Registered Agent. You must designate an individual n.) ess of the registered agent are: Name enue, #301	TOTAL TARKY

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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Glenda Cuello 375 5th Avenue #301 Naples, Fl 34102 (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 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.) Glenda Cuello Typed or printed name of signee Filing Fees:

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

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