# 12000010605

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sunrise Home Watch	LLC
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Kacy O'Brien	
	Name of Person
<del></del>	
	Firm/Company
1005 10th Ct	Address
	Address
Palm Beach Gardens, FL. 33	3418 ty/State and Zip Code
1kobrien@bellsouth.net	
É-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Kacy O'Brien	at (561- ) 373-0344
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Circle



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 JAN 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 10, 2012

KACY O'BRIEN 1005 10TH CT PALM BEACH GARDENS, FL 33418

SUBJECT: SUNRISE HOME WATCH LLC

Ref. Number: W12000001657

We have received your document for SUNRISE HOME WATCH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 612A00000649

Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

RE: Ref. Number W12000001657

1-17-2012

Dear Tammy,

I will not revoke dissolution, Sunrise Home Watch LLC, is my LLC.

I am using that name to start a brand new business.

Thank you,

Kacy O'Brien

1005 10<sup>th</sup> Ct

PBG, FL 33410 561-373-0344

1kobrien@bellsouth.net

12 JAN 23 AM 8: 1

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### Sunrise Home Watch LLC

business entity with an active Florida registration.)

(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:
1005 10th Ct	1005 10th Ct
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 33410

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

The name and the Florida street address of the registered agent are:

Kacy O'Brien
Name
1005 10th Ct
Florida street address (P.O. Box NOT acceptable)
Palm Beach Gardens <sub>FL</sub> 33410
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

SECRETARY 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 "MGRM" = Managing Membe	Name and Address:
MGR	Karan OlDrina
WIGIN	Kacy O'Brien 1005 10th Ct
	Palm Beach Gardens, FL
	raill beach Galdells, FL
(Use attachment if necessary) <b>LE V:</b> Effective date, if other th	nan the date of filing: (OPTIONA
	nan the date of filing: (OPTIONA must be specific and cannot be more than five business day
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:	Wellen Obrien
LE V: Effective date, if other the frective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance with sect constitutes an affirmatic I am aware that any fals	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other the frective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance with sect constitutes an affirmatic I am aware that any fals constitutes a third degree.	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)
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