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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

13 JAN 14 PH 12: 0

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Thomas Home Watch LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dean Thomas

Name of Person

Firm/Company

32593 Greenwood Loop

Address

Wesley Chapel, FL 33545

City/State and Zip Code

info@thomashomewatch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Thomas

_352

424-7676

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 & 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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	iahilitu Camm	anti iai	
The name of the Limited I	Jiability Comp	ally is:	
Thomas Home Watch LLC			7
(Must end wi	th the words "Limit	ted Liability Company, "L.L.C.," or "L	LC.")
			Reg 3
ARTICLE II - Address:		C.1 1 . CC C.1 . T	
The mailing address and s	treet address o	f the principal office of the L	imited Liability Company is:
Principal Office Address	<u>::</u>	Mailing Address:	P
32593 Greenwood Loop		32593 Greenwood Loop	
Wesley Chapel, FL 33545		Wesley Chapel, FL 3354	5
(The Limited Liability Company c business entity with an active Flo	annot serve as its ovrida registration.)	gistered Office, & Registered wn Registered Agent. You must design	
(The Limited Liability Company c business entity with an active Flo	annot serve as its ov rida registration.) street address		
(The Limited Liability Company c business entity with an active Flo The name and the Florida Dean T	annot serve as its ov rida registration.) street address homas	wn Registered Agent. You must design of the registered agent are:	
(The Limited Liability Company c business entity with an active Flo The name and the Florida Dean T	annot serve as its overida registration.) street address homas Greenwood Loop	wn Registered Agent. You must design of the registered agent are:	ate an individual or another
(The Limited Liability Company consumers entity with an active Flow The name and the Florida Dean Total Section 2593 (annot serve as its or rida registration.) street address homas Greenwood Loop Florida s	wn Registered Agent. You must design of the registered agent are: Name Street address (P.O. Box NOT acce	ate an individual or another
(The Limited Liability Company consumers entity with an active Flow The name and the Florida Dean Total Section 2593 (annot serve as its overida registration.) street address homas Greenwood Loop	wn Registered Agent. You must design of the registered agent are: Name	ate an individual or another

(CONTINUED)

Page 1 of 2

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

١,

The,name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Dean Thomas
	32593 Greenwood Loop
	Wesley Chapel, FL 33545
`	
LE V: Effective date, if other than	n the date of filing: (OPTION nust be specific and cannot be more than five busing.)
(Use attachment if necessary) LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five busing.)
LE V: Effective date, if other than fective date is listed, the date of or 90 days after the date of filing	nust be specific and cannot be more than five busing.)
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five busing.)
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five busing.)
LE V: Effective date, if other than flective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a management of the constitutes are affirmation of the constitutes are affirma	ember or an authorized representative of a member. 1. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1. formation submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than ffective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a management of the constitutes are affirmation of the constitutes are affirma	Dean Louising.) Lean Louising. Ember or an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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