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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL .	
(Business Entity Name)	_
(Document Number)	
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THE ILE DISTATE SECRETARY OF STATE

(850) 245-6051

COVER LETTER

a).

TO:

Registration Section Division of Corporations

SUBJECT: Home Safe 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:

Lesa Axberg
Name of Person
Home Safe home watch, LLC
Firm/Company
6080 Lancewood Way
Address
Naples, Florida 34116
City/State and Zip Code
homesafe1llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lesa Axberg	239 272-2197	
Name of Person	Area Code & Daytime Telephone N	umber

Enclosed is a check for the following amount:

□\$125.00 Filing Fee Certificate of Status

□\$130.00 Filing Fee Certified Copy
(additional copy is enclosed)

□\$160.00 Filing Fee,
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:		
The name of the Limited Liability Company is	5 :	
Home Safe home watch, LLC		
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
6080 Lancewood Way	6080 Lancewood Way	
Naples, Florida 34116	Naples, Florida 34116	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Lesa Axberg		
Nam	e	
6080 Lancewood Way		
	ddress (P.O. Box NOT acceptable	e)
Naples, Florida 34116	FL.	
City, S	State, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple and accept the obligations of my position as a	this certificate, I hereby according the security. I further agree to compete performance of my duties registered agent as provided.	ept the appointment as oly with the provisions of , and I am familiar with
Registered Agent's Sign	ature (REQUIRED)	
(CONTI	NUED)	13 – PALLO
Page 1 o	f2 [.]	

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Lesa Axberg
	6080 Lancewood Way
	Naples, Florida 34116
(Use attachment if necessary)	
`	he date of filing: (OPTIONAL)
ICLE V: Effective date, if other than the effective date is listed, the date mu	ist be specific and cannot be more than five business d
ICLE V: Effective date, if other than the effective date is listed, the date mu	ist be specific and cannot be more than five business d
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ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business de
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five business d
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a me	ust be specific and cannot be more than five business de
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a me	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

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)