

L14000105328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

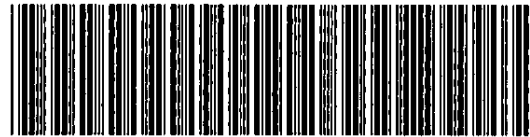
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WIM-38059

Office Use Only



700259945377

EFFECTIVE DATE 06-15-14

06/17/14--01011--001 **125.00

FILED
2014 JUN 20 P 4 44
CLERK OF STATE
JULIA A. BROWN

B. BOSTICK

JUL - 1 2014

E. AMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANDCASTLE HOME WATCH SERVICES 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:

SUSAN BRADBURY

Name of Person

SACCO SMITH LLP

Firm/Company

27657 OLD 41 ROAD

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

SUSAN@SACCOCPA.COM

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

For further information concerning this matter, please call:

SUSAN BRADBURY

Name of Person

at (239)

Area Code

992-4232

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

2014 JUN 20 P 4 14
STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANDCASTLE HOME WATCH SERVICES LLC

(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:

24957 FAIRWINDS LANE
BONITA SPRINGS, FL 34135

24957 FAIRWINDS LANE
BONITA SPRINGS, FL 34135

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 business entity with an active Florida registration.)

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

LAWRENCE ROGERS

Name

24957 FAIRWINDS LANE

Florida street address (P.O. Box **NOT** acceptable)


BONITA SPRINGS

City

FL 34135

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAR 20 2014
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA
JANET L. BROWN, CLERK

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

Name and Address:

LAWRENCE ROGERS

24957 FAIRWINDS LANE

BONITA SPRINGS, FL 34135

VICE PRESIDENT

MARILE ROGERS

24957 FAIRWINDS LANE

BONITA SPRINGS, FL 34135

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 15th 2014 (OPTIONAL)
(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

LAWRENCE ROGERS

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)

FILED
2014 JUN 20 PM 4:44
CLERK OF STATE
TALLAHASSEE, FLORIDA



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-12-2014

Employer Identification Number:
47-1086938

Form: SS-4

Number of this notice: CP 575 B

SANDCASTLES HOME WATCH SERVICES LLC
LAWRENCE ROGERS MBR
24957 FAIRWINDS LN
BONITA SPGS, FL 34135

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1086938. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SAND. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

FILED
2019 JUN 20 PM 4:45
CLERK OF DISTRICT COURT
JULIA A. GIBSON, CLERK
JULIA A. GIBSON, CLERK

CP 575 B (Rev. 7-2007)

CP 575 B

999999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-12-2014
 (239) 910-7325 ANY TIME EMPLOYER IDENTIFICATION NUMBER: 47-1086938
 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

SANDCASTLES HOME WATCH SERVICES LLC
LAWRENCE ROGERS MBR
24957 FAIRWINDS LN
BONITA SPGS. FL 34135



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2014

SUSAN BRADBURY
27657 OLD 41 ROAD
BONITA SPRINGS, FL 34135

SUBJECT: SANDCASTLE HOME WATCH SERVICES LLC
Ref. Number: W14000038059

We have received your document for SANDCASTLE HOME WATCH SERVICES 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 17, 2014. Please amend your document accordingly.

Please return 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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 414A00013252

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2014 JUN 20 P 10 43
TALLAHASSEE
FLORIDA