

#L14000153145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

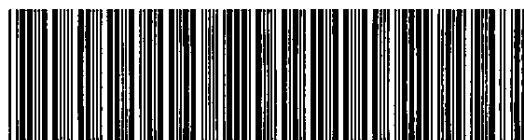
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-54073 NOT Avail

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08/27/14--01014--034 **160.00

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2014 SEP 29 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT -1 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2014

MARLENE GRAHAM
539 5TH AVE. S
NAPLES, FL 34102

SUBJECT: TROPICS HOMEWATCH LLC
Ref. Number: W14000054073

Ⓟ PLEASE SEE ATTACHED.

WE WOULD LIKE TO CHANGE
THE NAME TO
"NAPLES HOMEWATCHERS LLC"

THANK YOU

We have received your document for TROPICS HOMEWATCH LLC and your check(s) totaling \$160.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000118167 "TROPIC HOME WATCH LLC".

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 014A00018909

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPLES
~~FROPPES~~ HOMEWATCHERS 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:

MARLENE GRAHAM

Name of Person

NAPLES
~~FROPPES~~ HOMEWATCHERS LLC

Firm/Company

S39 5TH AVE, S.

Address

NAPLES, FL. 34102

City/State and Zip Code

MARLENE GRAHAM @ EARTHLINK.NET

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

For further information concerning this matter, please call:

MARLENE GRAHAM

Name of Person

at (239)

Area Code

821-9046

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:

The name of the Limited Liability Company is:

NAPLES HOMEWATCHERS LLC

MG

(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:

539 5TH AVE. S
NAPLES, FL. 34102

Mailing Address:

539 5TH AVE. S.
NAPLES, FL. 34102

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:

MARLENE GRAHAM

Name

539 5TH AVE. S

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

NAPLES

City

FL

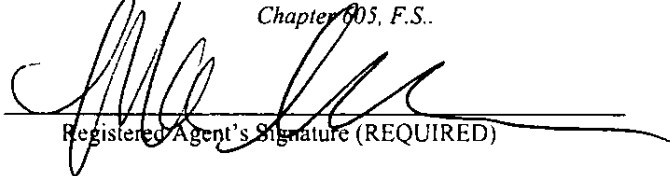
34102

Zip

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 005, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARLENE GRAHAM
539 5TH AVE. S.
NAPLES, FL. 34102

FILED
2014 SEP 29 PM 1:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

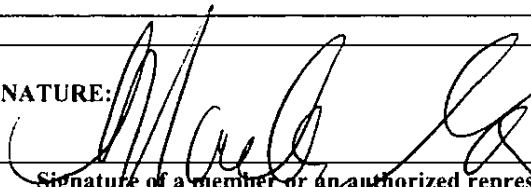
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

MARLENE GRAHAM

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)