## L14000177874

(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:
W14-44850
Office Use Only



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11/03/14--01020--012 \*\*160.00

2014 NOV 10 PH 2: 51

NOV 17 2014 D. BRUCE

## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2014

RODERICK A. PAIGE 902 FAULKWOOD COURT SARASOTA, FL 34232

SUBJECT: FLORIDA HOME WATCH, L.L.C.

Ref. Number: W14000066850

We have received your document for FLORIDA HOME WATCH, L.L.C. and your check(s) totaling \$160.00. 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 November 3, 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 714A00023538

2014 NOV 10 PM 2: 5

## **COVER LETTER**

Division of Corporations		
SUBJECT: FLORIDA HOME WATCH, L.L.C.		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) an	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
RODERICK A. PAIGE		
	Name of Person	
FLORIDA HOME WATCH, L.L.C.	D: (G	
	Firm/Company	
902 FAULKWOOD COURT		<del></del>
	Address	
SARASOTA, FLORIDA 34232		<del>-</del>
	City/State and Zip Code	
floridahw65@gmail.com E-mail address: (to be used	d for future annual report notification)	OI AON MOZ
For further information concerning this matter, plea	ise call:	
	**************************************	PH 2:5
RODERICK A. PAIGE at ( S	Area Code Daytime Telephone Number	ក្ ក
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 enc	&
Mailing Address	Street/Courier Address	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
i alialiassee, FL 32314	2001 Executive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE\_\_\_\_\_

TO:

**Registration Section** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA HOME WATCH, L.L.C.		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princ	ipal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
902 FAULKWOOD COURT	902 FAULKWOOD COUR	Τ
SARASOTA, FLORIDA 34232	SARASOTA, FLORIDA 34	222
		<del></del>
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	ffice, & Registered Agent's Signatures s own Registered Agent. You must desi	e:
ARTICLE III - Registered Agent, Registered Of	ffice, & Registered Agent's Signatures own Registered Agent. You must desistration.)	e: ignate an individual or
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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.

(CONTINUED)

Page 1 of 2

FFFEGTIVE DATE 11/03/14

AMBR" = Manager  MGR	Title:	Name and Address:
Use attachment if necessary)  V: Effective date, if other than the date of filing: 11/03/2014 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  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 Statute, 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.)  RODERICK A. PAIGE  Typed or printed name of signee  Filing Fees:		
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