## L15000086144

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

Office Use Only



100272350671

05/01/15--01002--022 \*\*155.00



J. Staivers MAY 0.7 2015

## COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT:		nores Home Watch, LLC nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corre	spondence concerning this ma	atter to the following:	
			Karl B. Clark Name of Person	
		Southe	rn Shores Home Watch, LLC Firm/Company	- ··· - ··
		202	Mallet Bayou Road Address	
			eport, Florida 32439	
			ity/State and Zip Code clark61@gmail.com d for future annual report notifica	tion)
For fu	ther informatio	n concerning this matter, plea		
		3. Clark at (at (	850 ) 460-6381 Area Code Daytime Tel	ephone Number
Enclos	ed is a check fo	r the following amount:		
3 \$125.6	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)
	Reg	ling Address istration Section	Street/Courier Addi Registration Section	
	P.O.	sion of Corporations Box 6327 ahassee, FL 32314	Division of Corporat Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Southern Shores Home Watch, 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:  D.O. Box 1347  Santa Rosa Beach, Florida 32459  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:  Karl B. Clark Name  202 Mallet Bayou Road  Florida street address (P.O. Box NOT acceptable)  Freeport  FL 32439  City  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)	ARTICLE I - Name: The name of the Limite	d Liability Company is:			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  202 Mallet Bayou Road Freeport, Florida 32439  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:  Karl B. Clark Name  202 Mallet Bayou Road Florida street address (P.O. Box NOT acceptable)  Freeport FL 32439  City  City  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 stantues 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 (REOUIRED)					or "LLC")
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  P.O. Box 1347  Santa Rosa Beach, Florida 32459  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:  Karl B. Clark Name  202 Mallet Bayou Road Florida street address (P.O. Box NOT acceptable)  Freeport FL 32439  City  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)			ed Liability C	ompany, L.E.C., t	or LLC. )
202 Mallet Bayou Road Freeport, Florida 32439  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:  Karl B. Clark Name  202 Mallet Bayou Road Florida street address (P.O. Box NOT acceptable)  Freeport FL 32439 City 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)			office of the	Limited Liability Co	ompany is:
Santa Rosa Beach, Florida 32459  ARTICLE III - Registered Agent, Registered Office, & 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:    Karl B. Clark   Name	Principal Office Addre	ess:	Mailin	Address:	
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:    Karl B. Clark   Name					
(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:    Karl B. Clark   Name	Freeport, Florida 324		Santa	Rosa Beach, Flori	<u>da 32459</u>
Karl B. Clark Name  202 Mallet Bayou Road Florida street address (P.O. Box NOT acceptable)  Freeport FL 32439 City 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	(The Limited Liability (	Company cannot serve as its ow	vn Registered		
Name  202 Mallet Bayou Road  Florida street address (P.O. Box NOT acceptable)  Freeport FL 32439  City 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.	The name and the Florid	da street address of the register	ed agent are:		
Treeport FL 32439 City 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)					
Florida street address (P.O. Box NOT acceptable)  Freeport FL 32439  City 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		i Nan	ne		
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)					
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)			FL		
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)		City		Zip	
<u> </u>	the place designated capacity. I further ag	d in this certificate, I hereby accorded to comply with the provision and familiar with and accept the control of the control	ept the appoints of all statute obligations of apper 605, F.S. when the control of the control o	ntment as registered a es relating to the pro my position as regis	agent and agree to act in this oper and complete performance stered agent as provided for in
Page 1 of 2		·	•		

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	·
AMBR	Karl B. Clark / "Buddy"
	202 Mallet Bayou Road
	Freeport, Florida 32439
AMBR	Sheryl A. O'Hare
	202 Mallet Bayou Road
	Freeport, Florida 32439
Use attachment if necessary)	
CV: Effective date, if other than the date tive date is listed, the date must be s f filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s f filing.)  CVI: Other provisions, if any.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s f filing.)  CVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s f filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s f filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n	Decific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s f filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n (In accordance with section 6	pecific and cannot be more than five business days prior to or 90  Local Decide Control of the c
ctive date is listed, the date must be s f filing.)  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n (In accordance with section 6 constitutes an affirmation und	pecific and cannot be more than five business days prior to or 90  Compared to the period of a member.  Compared to the period of period of the period of the period of the period of period of the period of the period of period of the period of the period of the period of period of the period of
CVI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a non-constitutes an affirmation unding a may be a m	pecific and cannot be more than five business days prior to or 90  member or an authorized representative of a member.  i05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are frue.
CVI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a non-constitutes an affirmation unding a may be a m	pecific and cannot be more than five business days prior to or 90  Compared to the period of a member.  Compared to the period of period of the period of the period of the period of period of the period of the period of period of the period of the period of the period of period of the period of
CVI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a non-constitutes an affirmation unding a may be a m	pecific and cannot be more than five business days prior to or 90  nember or an authorized representative of a member.  i05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are frue companion submitted in a document to the Department of State cony as provided for in s.817.155, F.S.)
CVI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a non-constitutes an affirmation unding a may be a m	pecific and cannot be more than five business days prior to or 90 period of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are frue formation submitted in a document to the Department of States only as provided for in s.817.155, F.S.)
CVI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a non-constitutes an affirmation unding a may be a m	pecific and cannot be more than five business days prior to or 90  lember or an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are frued formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)    Karl B. Clark   Typed or printed name of signee
CVI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a non-constitutes an affirmation unding a may be a m	pecific and cannot be more than five business days prior to or 90 pecific and cannot be more than five business days prior to or 90 pecific and cannot be more than five business days prior to or 90 perior or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are frue formation submitted in a document to the Department of State company as provided for in s.817.155, F.S.)
Signature of a not constitutes an affirmation und I am aware that any false info constitutes a third degree felo	pecific and cannot be more than five business da  nember or an authorized representative of a mer i05.0203 (1) (b), Florida Statutes, the execution of der the penalties of perjury that the facts stated here ormation submitted in a document to the Department ony as provided for in s.817.155, F.S.)  Karl B. Clark Typed or printed name of signee  Filing Fees:
ive date is listed, the date must be stiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a region of the constitutes an affirmation und I am aware that any false inforcement of the constitutes a third degree felor	pecific and cannot be more than five business days prior to one of the control of

ARTICLE IV-