

# L16000068043

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

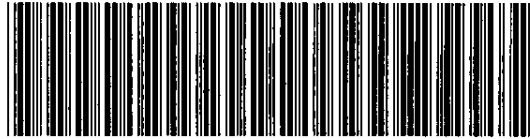
Special Instructions to Filing Officer:

Office Use Only

W1 6ms 20192

APR 07 2016

J. SCOTT



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03/10/16--01017--007 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR -4 PM 1:01



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2016

MIKE VICTOR  
5232 LAKE CATALINA UNIT C  
BOCA RATON, FL 33496

SUBJECT: M&M HOMEWATCHING SERVICES LLC  
Ref. Number: W16000020192

RECEIVED  
16 APR -4 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for M&M HOMEWATCHING SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6052.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 716A00005570

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEM HOMEWATCHING 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:

MIKE VICTOR

Name of Person

Firm/Company

5232 LAKE CATALINA DR. N UNIT C

Address

BOCA RATON FLORIDA 33496

City/State and Zip Code

MIKEGITELMAN@AOL.NET

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

For further information concerning this matter, please call:

MIKE VICTOR

Name of Person

at ( 847 ) 772-2708

Area Code

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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing 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:

McM Homewatching Services LLC  
1. (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:

Mike Victor  
5232 LAKE CATALINA DR. N  
APT. C  
BOCA RATON, FL 33496

Mailing Address: DR. N

5232 LAKE CATALINA UNIT C  
BOCA RATON, FLA 33496

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:

MIKE VICTOR  
Name  
5232 LAKE CATALINA UNIT C  
Florida street address (P.O. Box NOT acceptable)  
BOCA RATON FLA 33496  
City State 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 IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

MIKE VICTOR  
5232 LAKE CATALINA UNIT-C  
BOCA RATON FLA 33496

MIKE GITELMAN  
4762 EXETER ESTATES LANE  
WELLINGTON FLA 33449

(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.)

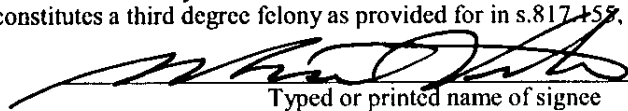
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

 - MIKE VICTOR  
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)