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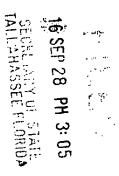
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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09/06/16--01042--002 **160.00



1. 9/28/16



Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARBARA DEDEN Name of Person
Firm/Company
3804 COCONUT TER. Address
BRADENTON, FL. 3420 City/State and Zip Code SLAND HOME WATCH @ AOL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BARBARA OGDENIL (202) 439-0299 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2016

BARBARA OGDEN 3804 COCONUT TER. BRADENTON, FL 34210

SUBJECT: ISLANDS HOME WATCH, LLC

Ref. Number: W16000063264

BARBS BEACH to BAY

We have received your document for ISLANDS HOME WATCH, 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 016A00019487

16 SEP 28 PH 12: 38

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:



BARB'S E	EACH to	BAY HOME	WATCH	SER	zvi
(Must end with the words "I	imited Liability Corr	MATCH L	LC"		
ARTICLE II - Address: The mailing address and street address of the prin	-		ŕ		
Principal Office Addres	<u>is:</u>	<u>Mail</u>	ing Address:		
3804 CoconutT	<u>Er.</u>	Sam	٦٤		
Bradenton, FL	34210				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	ts own Registered Ag		nate an individual or		
The name and the Florida street address of the reg	gistered agent are:		ALC L	ද දැ <mark>ත්</mark> ව ද	e sa
BA		GDEN	<u> </u>	EP 28	ور المراجعة المراجعة المراجعة
_	Name		E		urt r
3804 Florida street	address (P.O. Box N	UT TER. OT acceptable)		<u>P</u> Η 3:	a Mills
BRADE	ENTON F	L 342	vo §) 	
City		Zip			
Having been named as registered agent and to acce	pt service of process fo	or the above stated lin	nited liability compar	ny at the	

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)

Registered Agent's Signature (REQUIRED) 8/31/16

Page 1 of 2

AMBR" = Authorized Member MGR" = Manager A M BR CORY SQUIBB 3.804 COCOLUT TER BRADENTON FL. 34210 Use attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to compare the content of the content	Title:		Name and Address:
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) Live date is listed, the date must be specific and cannot be more than five business days prior to of filing.) End of the date inserted in this block does not meet the applicable statutory filing requirements, this date with ent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document of the Department of State I am aware that any false information submitted in a document of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a fo	'AMBR" = A		
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