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EFFECTIVE DATE 0/01/17

11/03/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ed & Pat's House Watching 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:
Paul Patrick Riass Name of Person
Name of Person
Firm/Company
4188 Smoke Signal
Address
Sebring FL 3387Z City/State and Zip Code riess pat egmail. Com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAT Riess at (603) 481-0196 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times Certificate of Status \\ (additional copy is enclosed) \\ \text{Certified Copy} \\ (additional copy is enclosed) \\ \text{Certified Copy} \\ (additional copy is enclosed)
Mailing Address
Mailing AddressStreet AddressNew Filing SectionNew Filing Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ed & Pat's House Wat	china LLC.
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
ANTICLE II - Augress;	
The mailing address and street address of the principal office of	the Limited Liability Company is:
The mailing address and street address of the principal office of	the Limited Liability Company is:
The mailing address and street address of the principal office of Principal Office Address :	the Limited Liability Company is: Mailing 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:

Septing, FC 33872

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAUL	Patrick 1	Riess
	Name	
4188	Smoke	- Signal
Florida street	address (P.O. Bo	x <u>NOT</u> acceptable)
Sebri	ing FL	33872
City	State	e 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)

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"AMBR" = Authorized Member "MGR" = Manager AMBR"	Paul Patrick Riess 4188 Smoke Signal Sabni FL 33872
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	4188 Smoke Synul
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(Use attachment if necessary)	
·	iling: 1 1 17 (OPTIONAL)
ment's effective date on the Department of St	the applicable statutory filing requirements, this date will not b tate's records.
E VI. Other provisions if one	
.E VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Δη <i>Ο</i> .
REQUIRED SIGNATURE:	A. P.
REOUIRED SIGNATURE: Part Part Signature of a member	er or an authorized representative of a member.
REOUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false info	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false inforcement to the constitutes a third degree felor	n accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false inforcement to the constitutes a third degree felor	n accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.

ARTICLE IV-

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