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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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## **COVER LETTER**

	vision of Corporations
SUBJECT	Sandy's Cleaning and Home Watch, LLC.
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Sandra Sandoval
	Name of Person
	Firm/Company
	4085 16 Avenue N.E.
	Address
	Naples, Florida 34120
	City/State and Zip Code
-	Sandovalreteam@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Sandra Sandoval at ( 239 ) 529-0259
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$125.00 Fi	S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status  Certificate of Status  (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sandy's Cleaning and Hor	ne Watch, LLC.
(Must contain the words "Limited Liability Contains the words")	Company, "L.L.C.," or "LLC.")
MATERIA TO THE REAL PROPERTY OF THE PROPERTY O	
RTICLE II - Address:  ne mailing address and street address of the principal office of the principal office of the principal office Address:	ne Limited Liability Company is:  Mailing Address:
ne mailing address and street address of the principal office of the	

The name and the Florida street address of the registered agent are:

Sandra Sa	indoval	
7	Vame .	
4085 16 Aver	nue N.E.	
Florida street address (	P.O. Box <b>NOT</b> acc	eptable)
Naples	Florida	34120
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 (REOUIRED

(CONTINUED)



"AMBR" = Authorized Member "MGR" = Manager President	Sandra Sandoval 4085 16 Avenue N.E.
Ç	4085 16 Avenue N.E.
President	4085 16 Avenue N.E.
	Naples, FL 34120
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fective date is listed, the date must be specif of filing.)	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 day
the date inserted in this block does not mee	t the applicable statutory filing requirements, this date will not be I
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REOUIRED SIGNATURE:  Signature of a member of a december of a december of a december of a member of a december of	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE:  Signature of a member of a manual arms of the second of the secon	State's records.  State's records.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Co. 1)

**ARTICLE IV-**

\$ 5.00 Certificate of Status (Optional)