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COVER LETTER

	w Filing Section vision of Coporations		
	Tri-County Home Watch & Mainte	enance LLC.	
SUBJECT		Limited liability Company	
The enclose	ed Articles of Organization ande(s)	aresubmitted for filing.	
Pleaseetur	n all correspondenceconcerning this	matter to the thowing:	
	David L Hummell		
		Name of Person	
	Tri-County Home Watch & Mainten	nance LLC.	17 25
		Firm/Company	
	5162 NE 124th PL		<u> </u>
		Address	
	Oxford, Florida 34484		G -
		City/State and ip Code	
_	Ilhummell@yahoo.com E-mail address:(to beus	ed for future annual report notification)	
For further in	formation corerning this matter, pl	·	
	David Hummell	352 430-9022	
•	at (Name of Person	Area Code Daytime Telephone Nunetr	
Enclosedis	a checkfor the following amount:		
	ling Fee \$130.00 Filing Fee& Certificateof Status	\$155.00 Filing Fee& \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus&
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 TallahæseeFL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center Circle	

TallahasseeFL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIM ITED LIABILIT Y COMPANY

	Watch & Maintenance LL			
(Musto	ontain the words Limited	Liability Company;"I	L.C.," or"LLC.")	
ARTICLE II - Address: The mailing aldress and sta	etaddress of theprincipal o	ffice of the Limited li	iability Company is:	
<u>Prin</u>	cipalOfficeAddress:		Mailing Address	
5162 NE 124th Pl	L	PO BO	OX 2061	
Oxford, Florida 3	Oxford, Florida 34484		Lady Lake, Florida 32158	
(The Limited Liability Comp	Agnt, RegisteredOffice, anycanrot serveasits own	& Registered Agent		
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ARTI CLE III - Registered (The Limited Liability Comp another business entity with The name and theorida str	Agnt, Registered Office, anycanrot serveasits own an active Florida registrative eet address of the regioned David L Hummell	& Registered Agent'n Regitered Agent. Yo on.) dagent æ:	's Signature: ou must designatean individual or	

Having beennamed as registeredgentand to accept service of process for the abovated/limited/liability companyat the place designated in this certificate, I hereby accept the appointment as registeredgentand agree to act in this capacity. I further agree to comply with the provisis of all statutes relating to the proper and complete proformance of myduties, and I am familiar with and accept the obligations of myposition as registeredgent as provided from Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:
	"MGR" = Manager		
	President		David L Hummell
			5162 NE 124th PL
			Oxford, Florida 34484
	•		
	(Use attachmerif nece	ssary)	
ARTICL	.EV: Effective date, if o	ther than the date itifrfç	;(OPTIONAL)
(If an ef	fective date tisted , the	date most bespecific a	and cannot be more than five busineasystprior to or 90 als after
	e ofifing.) I the date inserted in th	is blook does not mos	et the applicable statutory filing requirements, this date will not be liste
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the docu	REQUIRED SIGNATIONS	JRE:	or an authorized representive of a member.
the docu	REQUIRED SIGNATI	JRE: gnature of a member cument is executed as	or an authorized representive of a member, accordance with section 605.020(3) (b), Florida Statues, actionsubmitted(in a document to the epartment of State

Filing Fees;
\$125.00 Filing Eefor Articles of Oganization and Designation ofRegistered Agent
\$ 30.00 Certified Capy (Optional)
\$ 5.00 Certificate of States (Optional)

Typed or printed name of ignee

David L Hummell

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