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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	е)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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W18-26199

W18-20194



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2018 MAR 15 PM 12: 27

DIVISION OF CORPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

March 1, 2018

MARCIA LUISE SEQUIN ~ 16312 26TH STREET EAST PARRISH, FL 34219 Please make peoperspelling of last Name is Seguin- Grotal Into

SUBJECT: SEABREEZE HOME WATCH SERVICES L.L.C.

Ref. Number: W18000020194

We have received your document for SEABREEZE HOME WATCH SERVICES L.L.C. and your check(s) totaling \$130.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000048616.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 718A00004208

8 MAR 15 PM 5: 03

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Sephreeze Home Watch 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:
Marcia Luise Seain Namo of Person WATChing
Sesbereze Home work Services h. h. C.
16312 26Th Street Gost.
Sity/State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Name of Person at (94) 981-5965 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	Watching	
	110	111
SEABREEZE HOM	e Lotte & Services	5 Loh.C.
	nited Liability Company, "L.L.C.," or "L	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
163/2 26Th 5T	1.D. Box 853
PARRISH .Fl.	PARRISH FL
342/9	312/9

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:

Name

Name

Name

| 1.3/2 2/Th 5/m-t 5

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)

18 MAR 15 PH 5: 0
SECRETAGE OF SECRETAGE
AND ABOVE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Marcia Luise Sourin 16312 2672 57 5957 Parents F 24219
	
<u> </u>	
(Use attachment if necessary)	
LE V: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block of the date.	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other that fective date is listed, the date m of filing.)	not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block of the date inserted in the December 1.	not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block of the date inserted in the December of the December o	not meet the applicable statutory filing requirements, this date will not

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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