## L200000141072

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
rtified Copies	Certificates of S	Status
pecial Instructions	to Filing Officer	
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Office Use Only



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SECRETARY SINGE

	Suite 1 • Tallahassee, Florida 32301	
224-8870 • 1-8	00-342-8062 • Fax (850) 222-1222	
		-
Homewatch	SWFL, LLC	
	<del></del>	
		_
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
<del></del>		Fictitious Owner Search
		Vehicle Search
<del></del>		Driving Record
by: <sub>SETH</sub>	01/01/00	UCC 1 or 3 File
- Julii	$\frac{01/21/20}{2}$	UCC 11 Search
	Date Time	UCC 11 Retrieval
<del></del>	Will Pick Up	Courier
g - Thom layes GA 8/	oc.	

## COVER LETTER

	New Filing Se Division of Co				
SUBJECT	Наррс Но Г:	omewatch SWFL,	LLC		
		Na	me of Limited Li	ability Company	
The enclos	sed Articles o	f Organization and	fee(s) are submi	tted for filing.	
Please ren	ım all corresp	ondence concernir	ng this matter to	he following:	
	John C. Go	ede, Esq.			
	* <del></del>	<u>-</u>	Nam	e of Person	
	Goede, Ada	mczyk, DeBoest á	& Cross		
			Firm	/Company	<del></del>
	6609 Willo	w Park Drive, Seco	ond Floor		
			A	ddress	
	Naples, FI 3	4109			
	jgoede@gado	claw.com	City/State	and Zip Code	
•			be used for futu	re annual report notifica	tion)
For further is	nformation co	ncerning this matte	er, please call:		
	Susan L. Bed	iyan	239 at (	331-5100	
	Nam	ne of Person	Area Cod	Daytime Telepho	ne Number
Enclosed is	a check for t	he following amou	nt:		
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of St	atus Cer	155.00 Filing Fee & tified Copy ional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section on of Corporations		New Filing Section D	
		ox 6327		The Centre of Tallah 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassec, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
	-			
Happe Homewatch				
(Must con:	atin the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal	office of the Limite	d Liability Company is:	
Principal Office Address:			Malling Address:	
2430 Vanderbilt Bea	ich Road	243	2430 Vanderbilt Beach Road	
Suite 165		Sui	Suite 165	
Naples, FL 34109		Na	oles, FL 34109	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its ow active Florida registrat	vn Registered Agent. iion.)	You must designate an individ	ual or
	John C. Goede, Esc	ą		
		Name		
	6609 Willow Park	Drive, Second Floor		
		ess (P.O. Box <u>NOT</u>		
	Naples	FL	34109	
	City	State	Zip	
laving been named as registered place designated in this certificate wither agree to comply with the point familiar with and accept the old	, I hereby accept the ap rovisions of all statutes bligations of my position	pointment as registed relating to the prope	red agent and agree to act in the r and complete performance of as provided for in Chapter 605	is capacity. I my duties, and I

FILED
2020 JAN 21 PN 1:36
SECHERSTER STATE
TALLARISEE FLORIDA

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Evelyn Glore 2430 Vanderbilt Beach Road, Suite 165 Naples, FL 34109 <u>AMBR</u> Evelyn Glore 2430 Vanderbilt Beach Road, Suite 165 Naples, FL 34109 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

## REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Rees:

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

\$ 5.00 Certificate of Status (Optional)