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(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	New Filing Sec Division of Co			
end IEC		Condo Home Watch		
SUBJEC	.:	Name of Lir	mited Liability Company	·
The enclo	sed Articles of	Organization and fee(s) ar	re submitted for filing.	
Please ret	um all correspo	ondence concerning this m	atter to the following:	
	Grant G. Go	rski		
			Name of Person	
	HOA and Co	ondo Home Watch		
			Firm/Company	
	2609 SW 15	th Avenue		
	<u> </u>		Address	
	Cape Coral,	Florida, 33914		
			City/State and Zip Code	
	<u> </u>	dohomewatch.com		<u> </u>
		E-mail address: (to be used	for future annual report notifical	tion)
For further	information co	ncerning this matter, pleas	se call:	
	Grant G. Gor	rski 2.	39 810.3699	
	Nan		Area Code Daytime Telephor	ne Number
Enclosed	is a check for t	he following amount:		
=\$125 .0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
			O4 4 4 4 4 4	

Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	Caatin		
The name of the Limited Liability	Company is:		
HOA and Condo Horr	ne Watch LLC		
	in the words "Limited L	iability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal of	fice of the Limite	ed Liability Company is:
Principa	l Office Address:		Mailing Address:
0.000		26	09 sw 15th ave, Cape Coral FL 33914
Grant G. Gorski			
Cope Coral	S AUE FL 33914		ent's Signature:
2609 Stall Cope Consultation ARTICLE III - Registered Age:	nt, Registered Office, & cannot serve as its own ctive Florida registration	& Registered Ag Registered Agent	ent's Signature: You must designate an individual or
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an action of the company of the comp	nt, Registered Office, & cannot serve as its own ctive Florida registration address of the registered	& Registered Ag Registered Agent	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an action of the company of the comp	nt, Registered Office, & cannot serve as its own ctive Florida registration	& Registered Ag Registered Agent	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an action of the company of the comp	nt, Registered Office, & cannot serve as its own ctive Florida registration address of the registered	& Registered Ag Registered Agent n.) agent are:	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an action of the company of the comp	nt, Registered Office, & cannot serve as its own to ctive Florida registration address of the registered Grant G. Gorski	& Registered Ag Registered Agent a.) agent are: Name	. You must designate an individual or
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an action of the company of the comp	nt, Registered Office, & cannot serve as its own to ctive Florida registration address of the registered Grant G. Gorski 2609 SW 15th Ave	& Registered Ag Registered Agent a.) agent are: Name	. You must designate an individual or

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 regimered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

. . .

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
	Authorized Member	
"MGR" = M	Manager	
CEO	Grant G. Gorski	
	2609 SW 15th Avenue	
	Cape Coral, FL 33914	
		
	-	
If an effective date in the date of filing.) Note: If the date ins	is listed, the date must be specific and cannot be more than five business days prior to or 90 day serted in this block does not meet the applicable statutory filing requirements, this date will not be ctive date on the Department of State's records.	
ARTICLE VI: Other	r provisions, if any.	_
REOUIRE	ED 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.	
	Court C. Court	
	Grant G. Gorski Typed or printed name of signee	
	ryped or printed name or signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)