

L03000021897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

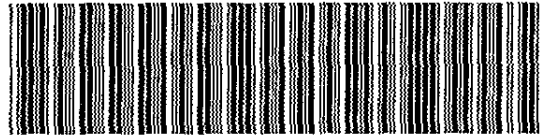
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 JUN 17 PM 12:43  
TALLAHASSEE, FLORIDA

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03 JUN 17 AM 11:52  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Watauga St, LLC

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- ☐ 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
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION OF  
WATAUGA 81, LLC**

The undersigned, being authorized to execute and file these articles, hereby certifies that:

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Watauga 81, LLC

**ARTICLE II – Address**

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

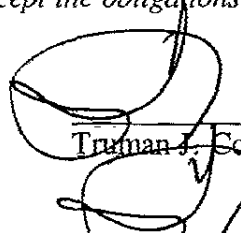
3204 River Grove Circle, Fort Myers, FL 33905

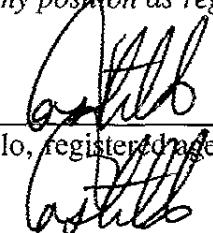
**ARTICLE III –  
Registered Agent, Registered Office &  
Registered Agent's Signature:**

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

Truman J. Costello, esquire  
12670 New Brittany Blvd., Suite 101  
Fort Myers, FL 33907

*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 608, F.S..*

  
\_\_\_\_\_  
Truman J. Costello, registered agent

  
\_\_\_\_\_  
Truman J. Costello, authorized representative

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TALLAHASSEE, FLORIDA