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L03-39522

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Castle Wotch !!
(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:
Jon Alan E Janslug (Name of Person)
(Firm/Company)
3202 N. Tamiami Tu
Sausare FL 34234
(City/State/and Zip Code)
For further information concerning this matter, please call:
Tev at (94) 351-911 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Castle Watch, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6936 Cumberland Terrace
University Park, FL 34201

Principal Office Address:

Mailing Address:

6936 Cumberland Terrace

SAME

University Park, FL 34201

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert Ryan 6936 Cumberland Terrace University Park, FL 34201

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.

Registered Agent's Signature

(CONTINUED)

# ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Robert Ryan, MGRM Margaret Ryan, MGRM 6936 Cumberland Terrace University Park, FL 34201

#### Title:

. ;

"MGR" = Manager
"MGRM" = Managing Member

NOTE: An additional article must be added if an effective date is requested.

#### **REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts-stated-herein are true.)

Robert Ryan

Filipa Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)