

(Requestor's Name)
(Address)
, (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



12/05/03--01019--007 **125.00

This certifies that Fred O. Watts L.L.C. is the manager of the Limited Liability Company and I own over Ten percent of the Company. I am filing the application for re-issuance of the notice of election to be exempt along with all required information, plus there filing fees.

Enclosed you will find a money order for 125,00.7 This 28th day of Mosente, AD2003 5 5

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT:	
(Ivane of Linuted Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Fred Walls (Name of Person)	
(Nathe of Person)	
Watte Cernaer 446.	
(Firm/Company)	No.
805 Ferndale Rd SSE :	Ones
(Address)	
Orlando Fl 32808 5	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Fred Watto at 407, 822-0690	
(Name of Person) (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:	
Fred O. Watts	"L.L.C."
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
805 Ferndale Rd	Same
805 Ferndale Rd Orlando Fel 32808	TAL.
	3 DE
	SSE
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the r	<u>₽≥</u> 5
Sos Fernde	ta Dr. 5
Name	
Florida street address (P.C	D. Box NOT acceptable)
Orlando	FLORIDA 32808
City, State, a	та Zip

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM = Managing Method	
" lm "	
Mgv"	Fred O. Watts
	DR/ANDO FL 38808
•	ASSE 4
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	

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.)

Typed or printed name of signee

Filing 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)