

604000048157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

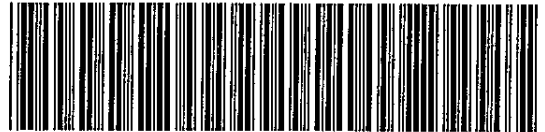
(Document Number)

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

Special Instructions to Filing Officer:

6/24 FL LC

Office Use Only



900038189469

MJH

06/24/04--01086--002 \*\*125.00

06/24/04 14:17

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scott D Watts LLC  
(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:

Scott D Watts  
(Name of Person)

Scott D Watts LLC  
(Firm/Company)

870 Kings Estate Rd  
(Address)

St. Augustine FL 32086  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Watts at (904) 540-2008  
(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:

Scott D Watts LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

870 Kings Estate Rd  
St Augustine FL  
32086

**Mailing Address:**

870 Kings Estate Rd  
St. Augustine FL  
32086

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

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

Scott D Watts  
Name  
870 Kings Estate Rd  
Florida street address (P.O. Box **NOT** acceptable)  
St. Augustine FLORIDA 32086  
City, State, and Zip

FILED  
04 JUN 24 PM 2:17  
CLERK OF DISTRICT COURT  
JULIA A. HARRIS

*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..*

Scott D Watts  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

"MGR"

"MGRM"

**Name and Address:**

Scott D Watts  
820 Kings Estate Rd  
St Augustine FL 32086

Karen Watts  
870 Kings Estate Rd  
St. Augustine, FL 32086

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

x Scott D Watts

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.)

SCOTT D WATTS  
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)