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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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08/26/05--01033--006 **130.00

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: GUENTER STEINHART WATCH DE	SIGN LLC		
	d Liability Company)		
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.		
Please return all correspondence concerning this matte			
GUENTER STEINHART			
(0)	Name of Person)		
GUENTER STEINHART WATCH DESIGN LLC	;		
	Firm/Company)		
4142 MARINER BLVD. #521			
	(Address)		
SPRING HILL, FL 34609			
	State and Zip Code)		
For further information concerning this matter, please	call:	SECRETARY C	TITT
ELSA KNEWITZ	at (727) 366-1770	26 ARY ASS	
(Name of Person)	(Area Code & Daytime Te	elephone Number 0	τ
Enclosed is a check for the following amount:		2: 16 TATE LORID	
S \$125.00 Filing Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fifing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING A		
Registration Section Division of Corporations 409 E. Gaines Street	Registration S Division of Co P.O. Box 6327	orporations	

Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
GUENTER STEINHART WATCH DESIGN LLC			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4142 MARINER BLVD. #521 SPRING HILL	SAME		
FL 34609			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:		
The name and the Florida street address of the re-	egistered agent are:		
ELSA KNEWITZ			
Name			
14489 MIDDLE FAIRWAY DR			
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)		
SPRING HILL, FL 34609	FL		
City, State, a	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am amiliar with and stered agent as provided for in Chapter 605, F.S		

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR GUENTER STEINHART 4142 MARINER BLVD. #521 SPRING HILL, FL 34609 ELSA KNEWITZ 14489 MIDDLE FAIRWAY DR SPRING HILL, FL 34609 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Clsa LL (MGRM) 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.) ELSA KNEWITZ (MGRM) Typed or printed name of signee		Name and Address:	<u>Title:</u> "MGR" = Manager "MGRM" = Manager
4142 MARINER BLVD. #521 SPRING HILL, FL 34609 ELSA KNEWITZ 14489 MIDDLE FAIRWAY DR SPRING HILL, FL 34609 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Clsa L MGRA 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.) ELSA KNEWITZ (MGRM) & -23 -05 LFE		GUENTER STEINHART	MGR
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			Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation		Organization and Designation	√ \$125.00 Filing Fee
of Registered Agent	3 %		of Register
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	A o		