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(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phon	e #)
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☐ PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer.	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations		
SUBJECT: Friedrich Watkins of Tampa,	LLC	
(Name of Limited	l Liability Company)	
The enclosed Articles of Organization and fee(s) are so	abmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Bradley Watkins		
Œ	Name of Person)	
Friedrich Watkins Company, Inc	c.	
	Firm/Company)	
3885 Shader Road		
	(Address)	
Orlando, FL 32808		
(City)	State and Zip Code)	
For further information concerning this matter, please	call:	
Bradley Watkins	at (407 ) 445-200	10
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Friedrich Watkins of Tampa, LLC		
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
5521 West Cypress Street, Suite 104	5521 West Cypress Street; Suite 104	
Tampa, FL 33607	Tampa, FL 33607	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ared Agent. You must designate an individual or another	-
The name and the Florida street address of the re	gistered agent are:	os oct 27
Bradley Watkins	<del></del>	2 9A
Name		- G
3885 Shader Road	**	PH 12: 05
Florida street addr	ress (P.O. Box NOT acceptable)	
Orlando, FL 32808	FL.	<b>5</b> 7 %
City, State, ar	nd 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, F.S..

degistered Agent's Signatur (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
'MGR" = Manager	
"MGRM" = Managing Memi	ber
MGRM	Bradley Watkins
	3885 Shader Road
	Orlando, FL 32808
MGRM	Jeffrey Friedrich
	3885 Shader Road
	Orlando, FL 32808
MGRM	Timothy A. Ruff
<del></del>	5521 West Cypress Street; Suite 104
	Tampa, FL 33607
(Use attachment if necessary	y)
	r than the date of filing: (OPTIONAL)
	te must be specific and cannot be more than five business days p .)
ffective date is listed, the dat	.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

**Bradley Watkins** 

Typed or printed name of signee