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



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FILED PH 2: 58
SECRETARSEE, FLORIDA
SECRETARSEE, FLORIDA

C. LEWIS

May 8, 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: WATSON 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: |
| John T. WATSON (Name of Person) |
| // |
| WATSON HWATSON ZLC |
| (Firm/Company) |
| 9/82 PINEHAVEN WAY |
| (Address) |
| ENG/EWNULFI. 34774 |
| <i>(</i> |
| For further information concerning this matter, please call: |
| Juha T. War Son at (94) 697-70334FAX (Name of Person) (Area Code & Daytime Telephone Number) 941-830-333 |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \te |
| Mailing Address Street/Courier Address |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2009

JOHN T. WATSON / WATSON & WATSON LLC 9182 PINEHAVEN WAY ENGLEWOOD, FL 34224

SUBJECT: WATSON & WATSON LLC

Ref. Number: W09000018694

We have received your document for WATSON & WATSON LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is 332012.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00013365

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|--|
| The name of the Limited Liability Company is: |
| WATS + WATS |
| -220 |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 1 michai Onet Address. |
| 9182 YINE MAUEN WAY |
| FNO/FINAL SIZE ADE |
| |
| ADTICLE III Desirand Acces Desirand Office C.D. 14 14 Ct. |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another |
| business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| |
| JOHN I. WATOON FEE 3 |
| Name 1 |
| 9/82 VINEHAVENWAY SE |
| Florida street address (P.O. Box NOT acceptable) FIVE INTERPOLATION FINANCE F |
| Fra 6 1400 8 34334 70 7 |
| City, State, and Zip |
| SB SB |
| 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 |
| |
| 0/37/15 |
| Registered Agent's Signature (REQUIRED) |
| Aygracion Agon 3 Signature (ALQUIALD) |

(CONTINUED) Page 1 of 2

FILED

| | ch Manager or Managing Member is as follow | 2009 MAT - 1 III - |
|--|--|--|
| Title: "MGR" = Manager "MGRM" = Managing Men | Name and Address: | SECRETARY OF STAT TALLAHASSEE, FLOR |
| MERM | John T. WAT | SON WEN WAY |
| MERM | GERALA F. | 11.39339 WATSON TYRUE |
| | VEFERE, U | 59115 |
| | | |
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| (Use attachment if necessary | v) | |
| (Use attachment if necessary | | (07770) |
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