

L090000 47513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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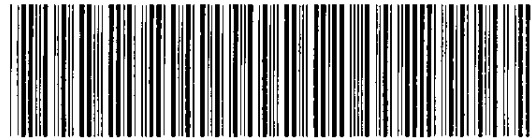
(Business Entity Name)

(Document Number)

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RECEIVED

09 MAY 15 AM 10:47

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 MAY 15 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY 15 2009  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 995519 7154760

AUTHORIZATION :

COST LIMIT : \$ 130.00

FILED  
09 MAY 15 PM 3:25  
TALLAHASSEE, FLORIDA

ORDER DATE : May 15, 2009

ORDER TIME : 9:25 AM

\*\*\*PLEASE FILE 2ND\*\*

ORDER NO. : 995519-010

CUSTOMER NO: 7154760

DOMESTIC FILING

NAME: WATSON SEWELL, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

WATSON SEWELL P.A.

May 14, 2009

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

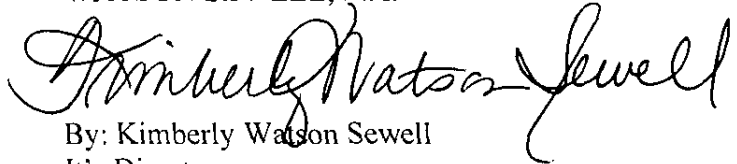
Re: Watson Sewell, P.A.

To Whom This May Concern:

The referenced corporation, Watson Sewell, P.A., is filing Articles of Dissolution with the State of Florida, Division of Corporations, to dissolve the corporation under Section 607.1401, Florida Statutes. We have no objection to the formation of Watson Sewell, LLC.

Sincerely,

WATSON SEWELL, P.A.

A handwritten signature in cursive script that reads "Kimberly Watson Sewell". The signature is written in black ink and is positioned above the printed name and title.

By: Kimberly Watson Sewell  
It's Director

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Watson Sewell, LLC

(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 are:

#### Principal Office Address:

174 Watercolor Way  
#314  
Seagrove Beach, FL 32459

#### Mailing Address:

174 Watercolor Way  
#314  
Seagrove Beach, FL 32459

### 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:

Kimberly Watson Sewell

Name

174 Watercolor Way

Florida street address (P.O. Box **NOT** acceptable)

Seagrove Beach 32459 FL

City, State, and 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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

**Name and Address:**

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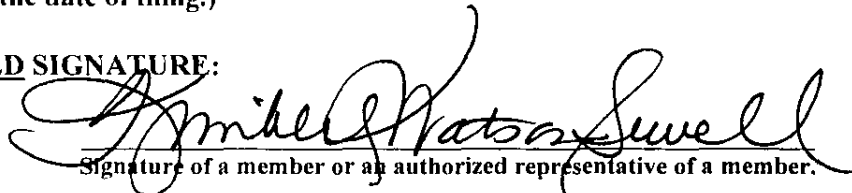
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Kimberly Watson Sewell

Typed or printed name of signee

**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)