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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nan	ne) · ·
(Doi	cument Number)	· · · ·
Certified Copies	_ Certificates	of Status ·
Special Instructions to f	Filing Officer:	

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G. MCLEOD

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EXAMINER



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6287 26782

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	W	/atersCorp, LLC	
·	Name of Limi	ted Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		Kevin Waters Name of Person	
		Name of Person	
	W	atersCorp, LLC	
		Firm/Company	
	129	962 Entrada Dr.	
		Address	
	Or	lando, FL 32837	
		ty/State and Zip Code	
 	Waters E-mail address: (to be used	CorpLLC@gmail.com for future annual report notification)	
For further information	on concerning this matter, pleas		
	evin Waters	_at (214)551-2720	
Nar	ne of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:	•	
\$125.00 Filing Fee	See \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	:		
The name of the Limi	ited Liability Com	pany is:	
	- Wate	rsCorp, LLC Water, ited Liability Company," "L.L.C.," or "L	s Books, LLC
(Must o	end with the words "Lin	ited Liability Company," "L.L.C.," or "L	LC.")
ARTICLE II - Addr	'ess:		
		of the principal office of the Lir	nited Liability Company is:
Principal Office Add	iress:	Mailing Address:	
		172011111111111111111111111111111111111	
12962 Entrada Dr.		12962 Entrada Dr.	
Orlando, FL 32837		Orlando, FL 32837	
ARTICLE III - Regi	istered Agent, Re	gistered Office, & Registered	Agent's Signature:
(The Limited Liability Comp	oany cannot serve as its	own Registered Agent. You must designate	
business entity with an activ	ve riorida registration.)		
The name and the Flo	rida street address	of the registered agent are:	0
	۲	Kevin Waters	90 IV
		Name	NOF 60
	120	62 Entrada Dr.	2 65
_		ress (P.O. Box <u>NOT</u> acceptable)	- 26 E
	Orlando, FL 3	2027	
_		y, State, and Zip	- တဲ့ ည
	Cit.	y, batte, and zip	
		t and to accept service of process	
	•	ated in this certificate, I hereby o	
_	••	capacity. I further agree to com uplete performance of my duties,	• •
		n as registered agent as providea	
1	<i>^ \ \ \</i>	•	,,
	1 1.	<i></i>	
-	Pagistand A	t's Signature (REQUIRED)	
	Achisteren Agen	it a Signatule (RECUTRED)	

(CONTINUED)

Page 1 of 2

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

	~~"	Name and Address:
"MGR" = Mana _! "MGRM" = Mai		
MGRM		Kevin Waters
WO W		
		12962 Entrada Dr.
		Orlando, FL 32837
MGRM		Brooke Waters
		12962 Entrada Dr.
		Orlando, FL 32837
		
······································		
Use attachment	if necessary)	
LE V: Effective fective date is lis	date, if other than the	date of filing: (OPTION e specific and cannot be more than five business dates
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE:	e specific and cannot be more than five business da
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE:	date of filing: (OPTION e specific and cannot be more than five business date of a member.
(Use attachment LE V: Effective fective date is list days after the days after th	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with secondary)	e specific and cannot be more than five business date of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document consideration.	e specific and cannot be more than five business date of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
LE V: Effective fective date is lis days after the d REQUIRED SI	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated here.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
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LE V: Effective fective date is list days after the description of the	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated here.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) Kevin Waters