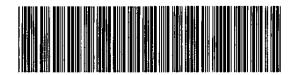
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(Requestor's Name)
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PICK-UP WAIT MAIL
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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

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ŤО:	Registration S Division of Co							
SUBJI	ECT: AM&WA	AT ENTERPRISES, LLO						
		Name of Limit	ted Liability Co	mpany				
The en	closed Articles o	of Organization and fee(s) are	submitted for f	iling.				
Please	return all corresp	oondence concerning this mat	ter to the follow	ving:				
	MICHAEL J.	WATKINS	•••				<del>.                                    </del>	
			Name of Persor	i				
	AM&WAT EN	ITERPRISES, LLC						
			Firm/Company					
	14606 CALUS	SA PALM DRIVE			·····			
			Address			n.		
	FORT MYER	S, FLORIDA 33919				Es	70 	
	MJWATKINS	Cid 80@AOL.COM	ty/State and Zip (	Code		HASS	PR 2:	:1
		E-mail address: (to be used	for future annual	report notification	n)	mo		
For fu	ther information	concerning this matter, pleas	e call:			FLOR	PM 3:	
MIKE WATKINS			at ( 239	,603-969	96	可能	.e.,	
	Name	of Person		Code & Daytime	Celephone Number	er		
Enclos	sed is a check for	or the following amount:						
☑\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 F Certified (additional		\$160.00 F Certificat Certified (additional	e of Statu Copy	ıs &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Addr tration Section ion of Corporation Building Executive Cente hassee, FL 3230	ions er Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:					
AM&WAT ENTERPRISES, LLC	imited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address:	imited Liability Company, L.L.C., or LLC.					
	s of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
14606 CALUSA PALM DRIVE	14606 CALUSA PALM DRIVE					
FORT MYERS, FL. 33919	FORT MYERS, FL. 33919					
	•					
MICHAEL J. WATKINS						
MICHAEL J. WATKINS  Name  14606 CALUSA PALM DRIVE						
14606 CALUSA						
Floric	Florida street address (P.O. Box NOT acceptable)					
FORT MYERS,	FL 33919 SS W 5					
	City, State, and Zip					
liability company at the place desig	and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as					

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)

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	MICHAEL WATKINS
	14606 CALUSA PALM DRIVE
	FORT MYERS, FL. 33919
MGRM	ANNAMARIE FRISELLA
<del> : : : : : : : : : : : : : : : : : :</del>	14606 CALUSA PALM DRIVE
	FORT MYERS, FL. 33919
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
	t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	Capt.
REQUIRED SIGNATURE:	
MEYOTHED STOTMTONE.	
	73 × 23
Signature of a men	iber of an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
of this document co that the facts stated	herein are true
MICHAEL J. WAT	
	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)