1100012041

(Requestor's Name)	
(Address)	<u></u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	MAIL
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Status _	

Special Instructions SELLERS

OCT 21 2011

EXAMINER

Office Use Only



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10/20/11--01008--015 **130.00

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registrati Division o	on Section f Corporations		
SUBJECT: WA	TSUP LLC		
		ted Liability Compa	any
The enclosed Articl	es of Organization and fee(s) are	submitted for filing	g.
Please return all cor	respondence concerning this mat	tter to the following	;
VALE	NTIN J TERMILII	EN JR Name of Person	
POLIT	EKGROUP INC	,	
		Firm/Company	
312 N	E 38TH STREE		
	D DADIZ EL 22224	Address	
OAKLAN	D PARK, FL 33334	ty/State and Zip Code	
POLITE	KGROUP@GMAIL.CO		
D 0 4 10	E-mail address: (to be used	•	rt notification)
For further informat	ion concerning this matter, please	e call:	
PETER CAIA	<u> </u>	at (954	592-0528
Na	me of Person	Area Code	& Daytime Telephone Number
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	urier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ÆΙ	- Na	me:
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The name of the Limited Liability Company is:

WATSUP 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 is:

Principal Office Address:	Mailing Address:
4568 NW 17 TERRACE	4568 NW 17 TERRACE
TAMARAC FL 33309	TAMARAC FL 33309

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:

POLITEKGROUP INC Name 312 NE 38TH ST Florida street address (P.O. Box NOT acceptable) OAKLAND PARK FL 33334

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)

Page 1 of 2

11 OCT 20 PH 4: 59
SECRETARY OF STATE

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Working Wanaging Weinber	•
MGR	PETER CAIAZZO
	4568 NW 17 TERRACE
	TAMARAC, FL 33309
(Use attachment if necessary)	
	40/47/0044
LE V: Effective date, if other than the	ne date of filing: 10/17/2011 . (OPTIO
	be specific and cannot be more than five business of
days after the date of filing.)	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)