# L1200VVIU663

(Requestor's Name)  (Address)  (Address)	000219085610
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	01/23/1201040010 **130.00
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ECTIVE DATE 1/19/2012

Office Use Only

B. KOHR

JAN 2 5 2012

**EXAMINER** 

12 JAN 23 AM D. O.

# **COVER LETTER**

то:	Registratio Division of	n Section Corporations		EFFECTIVE	DATE //IG/
	\\/-	toh Doovoloro I I	^	FUTCHAE	DAIE 1/19 / 20/2
SUBJE	<sub>ECT:</sub> vva	tch Recyclers LL		<del></del>	
		Name of Limite	d Liability Comp	pany	<b>خ</b> ﴿
The end	closed Article	s of Organization and fee(s) are so	ubmitted for filir	ng.	12 Jan 23
Please	return all com	espondence concerning this matte	r to the followin	ıg:	<b>دن</b> ٠ ?
	Josepl	n M Rooney			
			Name of Person		
	Watch	Recyclers LLC			
			Firm/Company		
	7355 E	Blackhawk Trail			
			Address		
(	Spring H	Hill, Florida, 34606	<b>;</b>		
-			State and Zip Cod	le	
	roondog	26@live.com			
		E-mail address: (to be used fo	r future annual rep	ort notification)	
For furt	ther information	on concerning this matter, please	call:		
Joseph M Rooney		ooney	at ( 352	, 262-166	0
	Nar	ne of Person		le & Daytime Tele	phone Number
Enclos	ed is a check	for the following amount:			
§125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Address tion Section to of Corporations Building secutive Center Cosee, FL 32301	



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Watch Recyclers 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:** 

7355 Blackhawk Trail

Spring Hill, Florida, 34606

7355 Blackhawk Trail Spring Hill, Florida, 34606

# 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:

Joseph M Rooney

Name

7355 Blackhawk Trail

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

Spring Hill,

<sub>E1</sub> 34606

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..

stered Agent's Signature (REQUIRED)

(CONTINUED)

# **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Joseph M Rooney 7355 Blackhawk Trail Spring Hill, Florida, 34606
If an effective date is listed, the date must	ne date of filing: 01/19/2012 (OPTIONAL) be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	Ver
(In accordance with section 60 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  The penalties of perjury that the facts stated herein are true.  The penalties of state in a document to the Department of State in a provided for in s.817.155, F.S.)

Joseph M Rooney

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)