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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Watson-Clarke Solutions LLC Name of Lin	nited Liability Company	
, and or an		
The enclosed Articles of Organization and fee(s) an	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Patrick A. Watson	Name of Person	
Watson-Clarke Solutions LLC	Firm/Company	
1023 SE 9th Avenue	Address	
Ocala, Florida 34471	Sity/State and Zip Code	20
pwatson@w-csolutions.com		
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, plea	ase call:	
Patrick A. Watson at ()	925) 953-4758	
Patrick A. Watson at (S	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Certified Copy (additional copy is enclosed) □\$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Watson-Solutions LLC	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principa	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1023 SE 9th Avenue, Ocala, Florida 34471	1023 SE Avenue, Ocala, Florida 344
The Limited Liability Company cannot serve as its o	wn Registered Agent. You must designate an ir
The Limited Liability Company cannot serve as its o mother business entity with an active Florida registra	wn Registered Agent. You must designate an ir ation.)
The Limited Liability Company cannot serve as its o mother business entity with an active Florida registra	wn Registered Agent. You must designate an ir ation.)
The Limited Liability Company cannot serve as its o nother business entity with an active Florida registrate he name and the Florida street address of the registe Patrick A. Watson	wn Registered Agent. You must designate an ir ation.) red agent are:
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The Limited Liability Company cannot serve as its o mother business entity with an active Florida registra. The name and the Florida street address of the registe Patrick A. Watson Na	wn Registered Agent. You must designate an ir ation.) red agent are:
Na 1023 SE 9th Avenue	wn Registered Agent. You must designate an ir ation.) red agent are:

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" ≠ Authorized Member	
MOR" = Manager	
····	Patrick A. Watson
	1023 SE 9th Avenue
	Ocala, Florida 34471
111.111.1	
Lice attachment if necessary)	
ctive date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing:
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ARTICLE IV-