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(Re	equestor's Name)	
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· (Cit	ty/State/Zip/Phone	⇒ #)
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

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Division of Corporations	•	** البهر
SUBJECT: Watea Properties LLC		· · · · · · · · · · · · · · · · · · ·
Name of Lin	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
-	·-	
Please return all correspondence concerning this m	atter to the following:	
Ronald A Carrington		
	Name of Person	
Watea Properties LLC	V	
	Firm/Company	
3 Fosters Pond Road		
	Address	
Andover, MA 01810		
C	City/State and Zip Code	
ronaldacarrington@gmail.com		
E-mail address: (to be use	d for future annual report notifica	ition)
For further information concerning this matter, plea	ase call:	
Ronald A Carrington at (978 475-6220	
Name of Person		ephone Number
Enclosed is a check for the following amount:		
_	Descendent E. A.	Dayson or Billing
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	□\$160.00 Filing Fee, Certificate of Status &
Co. M. Guita	(additional copy is enclosed)	Certified Copy
		(additional copy is enclosed)
Mailing Address	Street/Courier Addi	ress
Registration Section Division of Corporations	Registration Section	·
P.O. Box 6327	Division of Corporat Clifton Building	ions

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPAN	Y ,
ARTICLE I - Name:		TALLAND SEE FLORIE
The name of the Limited Liability Company is:		
Watea Properties LLC		
	ted Liability Company, "L.L.C.," or "LLC.") my
ARTICLE II - Address:	a made on a series of the annual territory of the series o	(a) 5
The mailing address and street address of the principal	I office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	•
3 Fosters Pond Road	3 Fosters Pond Road	······································
Andover MA 01810	Andover, MA 01810	
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its over another business entity with an active Florida registra	on Registered Agent. You must designate a	n individual or
The name and the Florida street address of the register	red agent are:	
Lawrence J Bernard Name	me	
480 Busch Drive Florida street address (P.O. B	lox NOT acceptable)	
Jacksonville City	FL 32218 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR - Manager	Ronald A Carrington
	3 Fosters Pond Road
	Andover, MA 01810
	
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V: Effective date, if other than the dat tive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be spling.)	e of filing: (OPTIONAL). pecific and cannot be more than five business days prior to or
tive date is listed, the date must be splitting.) VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be spiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	e of filing:
V: Effective date, if other than the date tive date is listed, the date must be spling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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