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COVER LETTER

TO: **Registration Section Division of Corporations** Watts Up Enterprises II, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lyndsay G. Watts Name of Person Watts Up Enterprises II, LLC Firm/Company 3670 U.S. 1 South, Ste. 110 Address St. Augustine, FL 32086 City/State and Zip Code lgraubard@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lyndsay G. Watts 904 814-0766 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:

Mailing Address

\$125.00 Filing Fee X \$130.00 Filing Fee &

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

Certificate of Status

Street Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

\$160.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Watt	s Up Enterprises	II, LLC	
(Must end with	the words "Limited Liability	Company, "L.L.C.," or "LLC	2.")
TICLE II - Address: e mailing address and street addre	ess of the principal office of the	Limited Liability Company	is:
<u>Principal C</u>	Office Address:	Mailing	Address:
3670 U.S1	South, Ste 110	3670 U.S. 1 S	South, Ste. 110
St. Augustine TICLE III - Registered Agent,	Registered Office, & Registe	St. Augustine ed Agent's Signature:	e, FL 32086
TICLE III - Registered Agent, e Limited Liability Company can ther business entity with an activ	Registered Office, & Registered office as its own Registered by Florida registration.)	St. Augustine ed Agent's Signature:	e, FL 32086
St Augustine TICLE III - Registered Agent, e Limited Liability Company can	Registered Office, & Registered office as its own Registered by Florida registration.) ress of the registered agent are:	St. Augustine ed Agent's Signature: Agent. You must designate	e, FL 32086
TICLE III - Registered Agent, e Limited Liability Company can ther business entity with an activ	Registered Office, & Registered not serve as its own Registered Plorida registration.) ress of the registered agent are: Lyndsay G. Watt	St. Augustine ed Agent's Signature: Agent. You must designate	e, FL 32086
TICLE III - Registered Agent, e Limited Liability Company can ther business entity with an activ	Registered Office, & Registered office as its own Registered by Florida registration.) ress of the registered agent are:	St. Augustine ed Agent's Signature: Agent. You must designate	e, FL 32086
TICLE III - Registered Agent, e Limited Liability Company can ther business entity with an active name and the Florida street additional control of the cont	Registered Office, & Registered office, & Registered office, & Registered and Registered agent are: Lyndsay G. Watt	St. Augustine ed Agent's Signature: Agent. You must designate	e, FL 32086
TICLE III - Registered Agent, e Limited Liability Company can ther business entity with an active name and the Florida street additional control of the cont	Registered Office, & Registered office, & Registered office, & Registered as its own Registered as Florida registration.) ress of the registered agent are: Lyndsay G. Wattoname 3670 U.S. 1 So	St. Augustine ed Agent's Signature: Agent. You must designate s uth, Ste. 110 NOT acceptable)	e, FL 32086

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.

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager	ег
Manager Manager	Lyndsay G. Watts
	3670 U.S. 1 South, Ste. 110
	St. Augustine, FL 32086
——————————————————————————————————————	
fective date is listed, the date r of filing.)	on the date of filing: Lust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block the date inserted in the Directive date on the Directive date on the Directive date.	aust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.)	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block to the date on the December of the Decem	aust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Discourage of the Discoura	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. The state of a member or an authorized representative of a member. With section 605.0203 (1) (b), Florida Statutes, the execution of this documen at any false information submitted in a document to the Department of State.
LE V: Effective date, if other the fective date is listed, the date in of filing.) If the date inserted in this block to the date inserted in this block to the date on the Discourse of the Disc	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. The of a mamber or an authorized representative of a member. With section 605.0203 (1) (b), Florida Statutes, the execution of this documen affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.)

2.1.

Page 2 of 2