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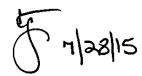
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Registration Section Division of Corporations,
SUBJECT: Little Watson, 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:
Michael E Shahbazian
Name of Person
Firm/Company
6212 Nimes Court
Address
LUIZ PL 33008
mshahbaz & US.ibm. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mile Shalibazian at 813, 245 1335
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301  Tallahassee, FL 32301
유민 <b>····································</b>
on the second of

## EFFECTIVE DATE 08 01 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name: The name of the Limited Liability Company is:	15 JUL 23 PN 3. 16
Little Watson, LLC.	STORETARY OF STATE HEALENMASSEE, FLORIDA
(Must end with the words "Limited Liability Company, "L.L.C.," or "E	TC;,),
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:
Principal Office Address: Mail	ing Address:
6212 Nimes Ct ->> Sam	le
Lute FL 33558	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	nate an individual or
The name and the Florida street address of the registered agent are:	
Michael & Shahbazio	$\mathcal{N}_{k}$
Michael & Shahbazio 6212 Nimes Court	
Florida street address (P.O. Box NOT acceptable)	<del></del>
Lutz FL 33558 City State Zip	<u>5</u>
City State Zip	·
Having been named as registered agent and to accept service of process for the above stated lin place designated in this certificate. I hereby accept the appointment as registered agent and agr further agree to comply with the provisions of all statutes relating to the proper and complete part am familiar with and accept the obligations of my position as registered light us provided for it Registered Agent's signature (REQUIREI	ree to act in this capacity. I erformance of my duties, and I mChapter 605, F.S.
Page 1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Michael E Shahbuzian 6212 Nimes Gt Lutz FL 32558
(Use attachment if necessary)  ICLE V: Effective date, if other than the date	of filing: August 1, 2015 (OPTIONAL)
i effective date is listed, the date must be spe ate of filing.)	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list
ICLE VI: Other provisions, if any.	

**REOUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 603 0203 (1) (b), Florida Statutes. 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)

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