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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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JUDIT

COVER LETTER

	egistration Section vision of Corporations				
SUBJECT:	Watch Brands Direct, LLC				
Name of Limited Liability Company					
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.		
Please retur	n all correspondence concerning this	matter to the fe	ollowing:		
	Garrett Wittels				
		Name of	Person		
		Firm/Co	npany		
	10330 West Broadview Dr				
		Addre	ess		
	Bay Harbor, FL 33154				
(Gtimeinc@gmail.com	City/State and	I Zip Code		
-	E-mail address: (to be us	sed for future a	nnual report notification)		
For further in	formation concerning this matter, ple	ease call:			
	Garrett Wittels	305	343-3794		
-	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for the following amount:				
\$125.00 Fil	-	LCertific	0 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Watch Brands Direct, LLC	
(Must end with the words "Limited Liab	(Hty Company, "E.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address: 1085 Kane Concourse	Mailing Address: 1085 Kane Concourse
1085 Kane Concourse	1085 Kane Concourse
1085 Kane Concourse	1085 Kane Concourse Bay Harbor, FL 33154 gistered Agent's Signature:

Garrett Wittels

Name

10330 West Broadview Dr

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

Bay Harbor

FL

33154

City

State

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 Agelu's Si

gelu's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 00T -9 AMH: 10

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Michael Gad 8 Horizon Way
	Great Neck, NY 11024
AMBR	Garrett Wittels 10330 West Broadview Dr Bay Harbor, FL 33154
	
(Use attachment if necessary)	
If an effective date is listed, the date must be spec he date of filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any.	
 	4 4
REQUIRED SIGNATURE:	
Signature of a mem This document is executed I am aware that any false i	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Selony as provided for in s.817.155, F.S.

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)