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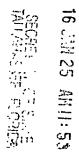
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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53 DEPARTMENT

AH II. F

JAN 25 2016 T CANNON

COVER LETTER

Divi	ísion of Corporations	
SUBJECT:	Watkins Land Preparation Name of Limited Liability Company	٥. ١٠.١
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
-	Donald Watkins Name of Person	
ŝ		
-	. Firm/Company	
_	780 Park St. Monticello F.	32344
_	Monticello, Florida, 32344 City/Slate and Zip Code	
	· E-mail address: (to be used for future annual report notification)	
or further info	ormation concerning this matter, please call:	
	Donald Walling 850, 210-6950	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
\$125.00 Filir	rig Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	ed)

Mailing Address

. Registration Section

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

Matkins Land (Must end with the words "Limited Liability Con	preparations W.L.C.			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: 1786 Park St. Montroello, Fl. 32344	Mailing Address:			
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother, business entity with an active Florida registeration.)				

The name and the Florida street address of the registered agent are:

..TICLE I - Name:

The name of the Limited Liability Company is:

Name

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

Moustically H

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	e una address of each person admonited	Name and Address:
"AMBR	" = Authorized Member = Manager	Donald Wortkins 1780 Park St. Monticello, Fl 32344
		16 : 3 25 AH
(Use atta	achment if necessary)	東南 の
Note: If the date the document's el	•	d cannot be more than five business days prior to or 90 days aft applicable statutory filing requirements, this date will not be listed s records.
REOUL	RED SIGNATURE:	
<i>ح</i> ــــــ	This document is executed in ac I am aware that any false inform constitutes a third degree felony	r an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
0135 N	O Filling Egg for Antiples of Organizati	Filing Fees:

\$125.00 Filing Fee for Articles of Organi \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)