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TO DEC 14 AND CLAIR

m 12/14/14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Watt Virtual Solutions 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:
Wayne Watt Name of Person
Firm/Company
2602 Grassmere Ln Address
Orlando, FL, 32808 City/State and Zip Code dionne campbell 33 @ amail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dionne Campbell at 321 277-3588 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

(Must end w	H Virtual 50 lith the words "Limited Liabi		LLC C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street add	tress of the principal office o	f the Limited Liabili	ity Company is:	
Principal	Office Address:		Mailing Address:	
2602 Grass	smere Ln . 32808	2602 Orlan	Grossmere Ln	-
				<u>.</u>
ARTICLE III - Registered Agen The Limited Liability Company c	nt, Registered Office, & Registantot serve as its own Registered		nature:	-
ARTICLE III - Registered Agen The Limited Liability Company conother business entity with an act The name and the Florida street ad	nt, Registered Office, & Registannot serve as its own Registive Florida registration.)	ered Agent. You mu	nature:	16 DEC 14
ARTICLE III - Registered Agen The Limited Liability Company contother business entity with an ac	nt, Registered Office, & Registannot serve as its own Registive Florida registration.)	are: phell 4 St	mature: ist designate an individual or	16 DEC 14 AM D: 41

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR and AMBR	Wayne Watt
	2002 Grassmere Cn
	Orlando 1721 32808
MGR and AMBR	Dionne Campbell
	11407 Benty St
	Orlando , FG 32 824
(Use attachment if necessary)	
CLE V: Effective date, if other than the date feetive date is listed, the date must be see of filing.)	specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the data of flective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Watt Virtual So		LLC	
	(Must end with the words "Limited Liab	ility Company, "L.	L.C.," or "LLC.")	
ARTICLE II - The mailing add	Address: dress and street address of the principal office of	of the Limited Liab	ollity Company is:	
	Principal Office Address:		Mailing Address:	
_			a 0	
	(a0 L Grassmere Ln Clarylo ; FL , 32608 Registered Agent, Registered Office, & Re		Signature:	
(The Limited Li another busines	Registered Agent, Registered Office, & Registered Company cannot serve as its own Registered With an active Florida registration.)	gistered Agent's S stered Agent. You	ndo , FL 32808 Signature:	TAIL 5
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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

<u>Title:</u> "AMPD" —	Authorized Member	Name and Address:
"MGR" = M	anager	
MGR an	d Ambr	Wayne Watt 2002 Grassmere La
		Orlando , FL , 32808
MGR ar	XI AMBR	Dionne Campbell 11407 Benty 5t Orlando, FG 32824
		
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