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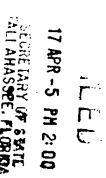
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Emily Hairle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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APR 1 0 2017 K. Brumbley

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: DEPIREE L. Name of Limited Liab	ATTON LLC.
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
DEPIREE L. W	ATTON LUC.
Firm/C	Company
\$34/ 305 Jr.	(ie East #308
IRQ., FL. 3!	4543
E-mail address: (to be used for future	and Zip Code A OO . O M annual report notification)
For further information concerning this matter, please call:	
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cert	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section
TANK TANKS PARKETINE	s to the a street property of

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
DEPIRTE L. WATTON LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5911 N. HONORE AVE. #/20
SARADTA, FL. 3/2/3

PARADTA, FL. 3/2/3

ARADTA, FL. 3/2/3

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| State | State

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 Agent's Signature (REQUIRED)

(CONTINUED)

17 APR -5 PH 2: 00
SLCRETARY OF STATE

Title: "AMBR" = Authoriz	ed Member	Name and Address:
"MGR" = Manager		PERIKE L. WATON
		@34/ 384 ST. CIZ. EAST #
		JARNSTA, FC. 34343
•	_	
	_	
effective date is listed, t te of filing.) If the date inserted in t	f other than the date of fi he date must be specific his block does not meet	the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, in effective date, in the filling.)	f other than the date of fi he date must be specifi- nis block does not meet on the Department of S	c and cannot be more than five business days prior to or 90 days aft the applicable statutory filing requirements, this date will not be listed
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CLE V: Effective date, in effective date is listed, the of filing.) If the date inserted in the cument's effective date CLE VI: Other provision REOUIRED SIGNATION This I am	f other than the date of fine date must be specificated by the date must be specificated on the Department of States, if any. Signature of a member document is executed if aware that any false info	the applicable statutory filing requirements, this date will not be listed state's records. Lucumber of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State
CLE V: Effective date, in effective date is listed, the of filing.) If the date inserted in the cument's effective date CLE VI: Other provision REOUIRED SIGNATION This I am	f other than the date of fine date must be specificated by the date must be specificated by the document of S as, if any. Signature of a member document is executed if aware that any false infetitutes a third degree felicitates.	the applicable statutory filing requirements, this date will not be listed state's records. Lack Lack Lack Lack Lack Lack Lack Lack

ARTICLE IV-