118000144162

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



000314372470

06/11/18--01043--024 **180.00

18 JUNII AMIO: 27
SECRETARY OF STATE
FACT CHASSET, FLORIDA

JUN 1 3 2018 T SCHROEDEP

COVER LETTER

(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status	TO: New Filing Section Division of Corporations	
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Jomark Reyes (Contact Person) MyUSAcorporation.com (Firm/Company) 1 Radisson Plaza, Suite 800 (Address) New Rochelle, NY 10801 (City, State and Zip Code) brandon@wattsware.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees S150.00 Filing Fees and Certificate of Status Status S180.00 Filing Fees Certificat Copy, and Certificate of Status	SHRIFCT: WATTSWARE, LLC	
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Jomark Reyes (Contact Person) MyUSAcorporation.com (Firm/Company) 1 Radisson Plaza, Suite 800 (Address) New Rochelle, NY 10801 (City, State and Zip Code) brandon@wattsware.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees and Certificate of Status S125 for Conversion and Certificate of Status	(Name of Re	esulting Florida Limited Company)
Contact Person		
(Contact Person) MyUSAcorporation.com (Firm/Company) 1 Radisson Plaza, Suite 800 (Address) New Rochelle, NY 10801 (City, State and Zip Code) brandon@wattsware.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes at (877) 330-2677 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filling Fees S185.00 Filling Fees and Certificate of Status Status Certificate of Status	Please return all correspondence concernir	ng this matter to:
MyUSAcorporation.com (Firm/Company) 1 Radisson Plaza, Suite 800 (Address) New Rochelle, NY 10801 (City. State and Zip Code) brandon@wattsware.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes (Name of Contact Person) Aut (877) 330-2677 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) C \$150.00 Filing Fees (\$25 for Conversion and Certificate of Status) C \$150.00 Filing Fees and Certificate of Status	Jomark Reyes	
(Firm/Company) 1 Radisson Plaza, Suite 800 (Address) New Rochelle, NY 10801 (City. State and Zip Code) brandon@wattsware.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes at (877) 330-2677 (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees (\$25 for Conversion and Certificate of Status) S185.00 Filing Fees (\$25 for Articles) Status	(Contact Person)	
Radisson Plaza, Suite 800 (Address) New Rochelle, NY 10801 (City. State and Zip Code) brandon@wattsware.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes	MyUSAcorporation.com	
New Rochelle, NY 10801 (City, State and Zip Code) brandon@wattsware.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes at (877) 330-2677 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees (\$25 for Conversion and Certificate of Status) S185.00 Filing Fees. (Certified Copy, and Certificate of Status)	(Firm/Company)	
City. State and Zip Code	1 Radisson Plaza, Suite 800	
City, State and Zip Code)	(Address)	
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes	New Rochelle, NY 10801	
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jomark Reyes	(City, State and Zip Code)	
For further information concerning this matter, please call: Jomark Reyes	brandon@wattsware.com	
Jomark Reyes at (877) 330-2677 (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) \$\Begin{array}{c} \text{S150.00 Filing Fees} & \Begin{array}{c} \text{S155.00 Filing Fees} & \Begin{array}{c} \text{S180.00 Filing Fees} & \Begin{array}{c} \text{S185.00 Filing Fees} & \Begin{array}{c} S185.	E-mail Address: (to be used for future annual re	report notifications)
(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) \$\Begin{align*} \S150.00 \text{ Filing Fees} & \Begin{align*} \S155.00 \text{ Filing Fees} & \Begin{align*} \S180.00 \text{ Filing Fees} & \Begin{align*} \S185.00 \text{ Filing Fees} & \Begin{align*} \S185.00 \text{ Filing Fees} & \Begin{align*} \S185.00 \text{ Filing Fees} & \Begin{align*} \S2185.00 Fi	For further information concerning this ma	atter, please call:
(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) \$\Begin{align*} \S150.00 \text{ Filing Fees} & \Begin{align*} \S155.00 \text{ Filing Fees} & \Begin{align*} \S180.00 \text{ Filing Fees} & \Begin{align*} \S185.00 \text{ Filing Fees} & \Begin{align*} \S185.00 \text{ Filing Fees} & \Begin{align*} \S185.00 \text{ Filing Fees} & \Begin{align*} \S2185.00 Fi	Jomark Reyes	at (877) 330-2677
dollars and drawn on a bank located in the United States) © \$150.00 Filing Fees	(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status		
	(\$25 for Conversion and Certificate of	and Certified Copy Certified Copy, and
STREET ADDRESS: MAILING ADDRESS:	STREET ADDRESS:	MAILING ADDRESS:
New Filing Section New Filing Section	New Filing Section	
·	Division of Corporations	
	Clifton Building 2661 Executive Center	

Tallahassee, FL 32314

32301

Circle Tallahassee, FL

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

statutes.		
1. The name of the "Other Business En WATTSWARE, LLC	ntity" immediately prior to the filing of the Article	s of Conversion is:
	ame of Other Business Entity)	
2. The "Other Business Entity" is a Lin	nited Liability Company .	
	ter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated	under the laws of Georgia (Enter state, or if a non-U.S. entity, the i	name of the country)
8/8/2011 on	fisher state, or it a non-out, entity, the i	iame of the country)
(date of organization, formation or incorpor	ration)	
 The name of the Florida Limited Lia WATTSWARE, LLC 	ability Company as set forth in the attached Artic	les of Organization:
(Enter Name of Fl	orida Limited Liability Company)	
after the date this document is filed by the effective date listed in the attached	or to date of receipt or filed date nor more than by the Florida Department of State; AND 2) mud Articles of Organization, if an effective date it meet the applicable statutory filing requirements, this date	ist be the same as is listed therein.)
5. The plan of conversion has been appr	roved in accordance with all applicable statutes.	
	ity" has agreed to pay any members having appraisaer ss. 605.1006 and 605.1061-605.1072, F.S.	Il rights ALLAH ASSEC, FLORIDA

Signed this <u>lst</u>	day of June	20_18
	horized Representative of Lim	•
Signature of Author	orized Representative: J3-6	on halls
Printed Name: BRA	INDON WATTS	Title: Member
		[See below for required signature(s)]
Sionature: Band	n and	
Printed Name: BRA	ANDON WATTS	Title: Member
Signature:		Title:
rrinted Name;		ritte:
Signature:		
Printed Name:		Title:
Signature: Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpor		0.05
	man, Vice Chairman, Director, or cers have not been selected, an In	
ii Directors di Offi	cers have not been selected, an in	corporator must sign.
	l Partnership or Limited Liabili	ty Partnership:
Signature of one G	eneral Partner.	
If Florida Limitad	L Duetnoechin or Limited Linkili	ty Limited Dortnarchina
Signatures of ALL	<u>l Partnership or Limited Liabili</u> General Partners.	ty Emitted Farthersing:
<u></u>		
All others:		
Signature of an aut	horized person.	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C	1 7	\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)

FILED
18 JUN 11 AM 10:27
SECKETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WATTSWARE, LLC		
(Must	contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		e principal office of the Limited Liability Company is:
Principal Office Ac	ddress:	Mailing Address:
132 TOPSAIL DR.		132 TOPSAIL DR.
SANTA ROSA BEACI	H, FL 32459	SANTA ROSA BEACH, FL 32459
(The Limited Liability Cor- business entity with an ac	npany cannot serve as its own Re	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
(The Limited Liability Corbusiness entity with an ae The name and the F	npany connot serve as its own Rective Florida registration.) lorida street address of the	egistered Agent. You must designate an individual or another
(The Limited Liability Corbusiness entity with an ae The name and the F	npany cannot serve as its own Rective Florida registration.) lorida street address of the BRANDON WATTS	egistered Agent. You must designate an individual or another
(The Limited Liability Corbusiness entity with an action The name and the F	npany cannot serve as its own Rective Florida registration.) lorida street address of the BRANDON WATTS	registered Agent. You must designate an individual or another ne registered agent are:
(The Limited Liability Corbusiness entity with an action The name and the F	mpany cannot serve as its own Receive Florida registration.) lorida street address of the BRANDON WATTS No. 132 TOPSAIL DR.	registered Agent. You must designate an individual or another ne registered agent are:
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its own Receive Florida registration.) lorida street address of the BRANDON WATTS No. 132 TOPSAIL DR.	egistered Agent. You must designate an individual or another ne registered agent are:
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its own Receive Florida registration.) lorida street address of the BRANDON WATTS No. 132 TOPSAIL DR. Florida street address (F	egistered Agent. You must designate an individual or another ne registered agent are: ame P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

18 JUN 11 AM 10: 27
SECRE FARY OF STATE FALLAHASSEE. FLORIDA

	D	TI	0	f 1	ויו	IV-
-	ĸ		II.		r. I	V -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	BRANDON WATTS	
MINDA	132 TOPSAIL DR	_
	SANTA ROSA BEACH, FL 32459	_
	SANTA ROSA DEACH, PC 32437	
		<u> </u>
		_
		_
		_
		_
effective date is listed, the date m	n the date of filing: (OP' ust be specific and cannot be more than five bus	
CLE V: Effective date, if other than effective date is listed, the date into or 90 calendar days after the dat the date inserted in this block does not me	ust be specific and cannot be more than five busite of filing.) eet the applicable statutory filing requirements, this date will a	siness da
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date if the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.	tust be specific and cannot be more than five busite of filing.) teet the applicable statutory filing requirements, this date will a ate's records.	siness da
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date if the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.	ust be specific and cannot be more than five busite of filing.) eet the applicable statutory filing requirements, this date will a	siness da
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date if the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will a ate's records.	siness da
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date if the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any.	tust be specific and cannot be more than five busite of filing.) teet the applicable statutory filing requirements, this date will a ate's records.	siness da
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date it the date inserted in this block does not me not's effective date on the Department of State CLE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will a ate's records.	siness da
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date in this block does not ment's effective date on the Department of Standard CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will a ate's records.	not be listed
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date in this block does not ment's effective date on the Department of Standard CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will a ate's records.	siness da
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date it the date inserted in this block does not me not's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false info	eet the applicable statutory filing requirements, this date will a ate's records.	not be listed
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date if the date inserted in this block does not ment's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed if am aware that any false infoconstitutes a third degree felometric date in the constitutes at third degree felometric date in the constitutes at third degree felometric date.	eet the applicable statutory filing requirements, this date will a ate's records. SECOND SECOND	not be listed
CLE V: Effective date, if other than effective date is listed, the date in to or 90 calendar days after the date if the date inserted in this block does not me nu's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false inforcement degree felometric services a third degree felometric services.	aber or an authorized representative of a prenibe in accordance with section 605.0203 (1) (b). Florida Statutes. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	not be listed

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)