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Office Use Only



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COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: Watkins Fleet Management UC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
JOSEPH P. WATKINS Name of Person
WATKINS FLEET Management LLC.
2500 Lazy Hammoak Lone
FORT PIETCE FL 34981 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Watkins at (772) 353.7552 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address Street Address

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

Filed 04/01/2019 Division of Corporations L. Simmons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2500 Lazy Hammock Lone 2500 Lazy Hammock Lone Fort Pierce FL 34981 Fort Pierce FL 34981	Frincipal Office Address:	Maning Address:
	2500 Lazy Hammork Lane Fort Pierce FL 34981	2500 lazy Hommont lone Fort Pierce FL 34981

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:

Joseph P. Watkins

Name

2500 Lazy Hammock (and

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

Fat liece Fl 34981

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 Agent's Signature (REQUIRED)

(CONTINUED)

19 APR - I PH 3: 19

Title:		Name and Address:
"AMBR" = Authoriz "MGR" = Manager	ed Member	
With - Manager	<u></u>	Joseph P. Watkins
		2500 Lazy Hammark Lone
		Fort Heme! Fr 34981
-		
(Use attachment if ne	•	(OPTIONAL)
CLE V: Effective date, in effective date is listed, to e of filling.) If the date inserted in the	f other than the date of filing: he date must be specific and	pplicable statutory filing requirements, this date will not be list
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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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Watkins Fleet Manace (Must contain the words "Limited Liability C	iernent LC.
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
2500 luzu Hommoak Lone	2500 tozu de amost to

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:

Joseph P. Watkins

Name

2500 Lazy Hammock (and

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

Fort Piecce Fl 34981

City State Zip

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(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Munager	Turn D. Salver
	2500 Lazy Hammark I me
	Fort tierre Fi 34981
	'
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