

L1900023259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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200333647692
09/24/19--01016--021 **25.00

08/27/19--01009--021 **100.00

FILED
2019 SEP 24 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2019

Brumpley

From the Desk of
Shirley Watterud

September 18, 2019

Ms. Catherine M Wood
Regulatory Specialist II
Florida Department of Revenue
Registration Station
Division of Corporation
PO Box 6327
Tallahassee, FL 323141

Re: September 09, 2019 Letter

Dear Ms. Woods:

Please note my attachment of Florida Articles of Organization for processing.
In addition, we currently have a balance of \$100.00 to be applied towards the cost of filing for Articles of Organization.

Attached please find my check of \$25.00 payable towards the balance of filing. I remain

Respectfully yours,



Shirley Watterud

Attachment: Articles of Organization, September 9, 2019 letter from your office, personal check in the
of \$25.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WAZ ENTERPRISE, LLC
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:

SHIRLEY WATTERUD

Name of Person

WAZ ENTERPRISE LLC

Firm/Company

31 CREEK COURT

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

shirley_fl@yahoo.com>

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRLEY WATTERUD 850 685-0127
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WAZ ENTERPRISE 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:

Mailing Address:

31 Creek Ct.
Santa Rosa Beach, FL 32459

31 CREEK CT.
SANTA ROSA BCH, FL 32459

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:

SHIRLEY WATTERUD

Name

31 CREEK CT

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

<u>SANTA ROSA BCH</u>	<u>FL</u>	<u>32459</u>
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.

Shirley Watterud

(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SHIRLEY WATTERUD

31 CREEK CT

SANTA ROSA BCH, FL 32459

AMBR

GEMMA AZAN

260 MAGNOLIA

SANTA ROSA BCH, FL 32459

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

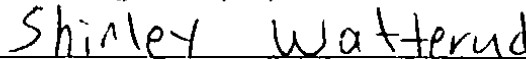
ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Typed or printed name of signee

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)