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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Christian Rashad Watts 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:
101 lake Ave Apt 1601
orland FL 32801
City/State and Zip Code WOHTSC. FINCINCE & Camail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christian Watts (265) 565 - 4847 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee & S130.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
101 lake Ave 1601 101 lake Ave 1601 Grando FL 32801		
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: Christian Worths Name		
101 love Ave 1601		
Florida street address (P.O. Box NOT acceptable)		
orlando FL 3280		
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)

The name and address of each person authorities	rized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGLY Charles	Reginald Dupree Worls 137 4th Terrace pleasant grove, Alabama 35127
MGR	Lachandra Burts Watts 427 4th Terroce pleasant quire, Alabama 35127
MGR	Brandon Dupree Watts 427 4th Terrace pleasant grove, Alabama 25127
MGR	Brian Christopher Watts 427 4th Terrare present grove, Alabama 35127
(Use attachment if necessary)	J
(If an effective date is listed, the date must be spec	filling:
ARTICLE VI: Other provisions, if any,	
	ction Wasks
This document is execute Lam aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155. F.S.
	Typed or printed name of signee

Filing Fees:

\$425,00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)