

L22000107524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

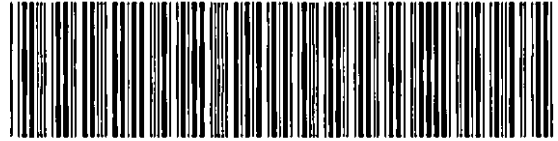
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700383498777

03/16/22--01004--021 **130.00

RECEIVED

2022 MAR 16 PM 2:30

ALLAHASSEE, FLORIDA

FILED

2022 MAR 16 PM 2:39

CITY OF STATE
ALLAHASSEE, FL

143/11/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kent Thomas Watson S¹I⁵ervices, 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:

Kent Thomas Watson
Name of Person

Kent Thomas Watson S¹I⁵ervices, LLC
Firm/Company

1435 Georgia State Line Road, P.O. Box 524
Address

Monticello, Florida 32345-0524
City/State and Zip Code

kentwatson3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kent T. Watson at (912) 308-5378
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAR 16 PM 2:39

Kent Thomas Watson NLI Services, LLC CLERK OF STATE
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.") TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1435 Georgia State Line Road 1435 Georgia State Line Road
Monticello, Florida 32344 P.O. Box 554
Monticello, Florida 32345-0524

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:

Kent Thomas Watson
Name

1435 Georgia State Line Road, Unit 524
Florida street address (P.O. Box **NOT** acceptable)

Monticello, Florida 32345-0524
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..

Kent Thomas Watson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Kent Thomas Watson
1435 Georgia State Line Road, Unit 524
Monticello, Florida 32345-0544

2022 MAR 16 PM 2:39

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 16, 2022 (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:

Kent Thomas Watson

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.

Kent Thomas Watson

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)