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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	New Filing Section Division of Corporations				
cup iv	Susan Prince Watley, LLC				
SUBJE	K.1:	ame of Lim	ited Liabi	ity Company	
The enc	losed Articles of Organization a	nd fee(s) are	submitted	I for filing.	
Please re	eturn all correspondence concert	ning this ma	tter to the	following:	
	Susan P. Watley				
			Name of	Person	· · · · · · · · · · · · · · · · · · ·
	Susan Prince Watley, LLC				
			Firm/Co	ompany	
	4682 Windstart Drive				
	<u> </u>		Addı	ress	
	Destin, FL 32541				
		Ci	ty/State ar	id Zip Code	
	Swatley@kw.com E-mail address:	to be used	for future a	annual report notificat	ion)
or furthe	r information concerning this ma				
	Susan P Watley	770 at (0	6897116	
	Name of Person		ea Code	Daytime Telephon	e Number
Enclosed	l is a check for the following am	ount:			
≘ \$125.	00 Filing Fee □\$130.00 Fi Certificate of		Certifi	5.00 Filing Fee & led Copy all copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporation	iis		Street Address New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassec, Fl. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Susan Prince Watley,			
(Must conta	in the words "Limited Li	iability Compan	y, "L.L.C.," or "LLC.")
RTICLE II - Address: ne mailing address and street ad	dress of the principal off	ice of the Limit	ed Liability Company is:
<u>Principa</u>	d Office Address:		Mailing Address:
4682 Windstarr Drive	, Destin, FL 32541	46	82 Windstarr Drive, Destin, FL 32541
he Limited Liability Company	cannot serve as its own R	legistered Agen	ent's Signature: 1. You must designate an individual or
RTICLE III - Registered Ages he Limited Liability Company of other business entity with an ac- ne name and the Florida street a	cannot serve as its own R etive Florida registration.	(egistered Agen .)	ent's Signature: L. You must designate an individual or
he Limited Liability Company of other business entity with an ac	cannot serve as its own R etive Florida registration.	(egistered Agen .)	ent's Signature: i. You must designate an individual or
he Limited Liability Company of other business entity with an ac	cannot serve as its own Retive Florida registration. ddress of the registered a Susan Prince Watley	(egistered Agen .)	gent's Signature: t. You must designate an individual or
he Limited Liability Company of other business entity with an ac	cannot serve as its own Retive Florida registration. ddress of the registered a Susan Prince Watley	tegistered Agen) igent are:	ent's Signature: I. You must designate an individual or
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he Limited Liability Company of other business entity with an ac	cannot serve as its own Retive Florida registration. ddress of the registered a Susan Prince Watley 4682 Windstarr Drive	legistered Agen) igent are: Name	t. You must designate an individual or

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

. . . .

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

the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E VI: Other provisions, if any. REOURED 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. SusanPrinceWatley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED 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. SusanPrinceWatley Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
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