

M19000001061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000003418

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C CAVE  
JAN 30 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2019

RUSSELL S. ROBERTS  
ROBERTS, ROBERTS, ROBERTS  
POST OFFICE BOX 1544  
MARIANNA, FL 32447

SUBJECT: D & L WATKINS HOLDINGS, LLC  
Ref. Number: W19000003418

We have received your document for D & L WATKINS HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 019A00000833

**ROBERTS, ROBERTS & ROBERTS**

ATTORNEYS AT LAW

2579 MADISON STREET

POST OFFICE BOX 1544

MARIANNA, FLORIDA 32447

JOHN E. ROBERTS  
RUSSELL S. ROBERTS\*  
JOHN V. ROBERTS

TELEPHONE  
(850) 526-3865

FACSIMILE  
(850) 526-3909

\*ALSO ADMITTED IN MISSISSIPPI

December 28, 2018

Division of Corporations  
Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

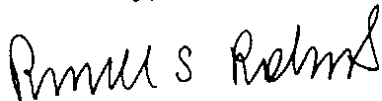
RE: D&L Watkins Holdings, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Designation of Resident Agent for the above-named Florida limited liability company. I have also enclosed a duly authenticated Certificate of Existence/Organization from the State of Georgia Secretary of State issued within the past ninety days. Please file and endorse your approval of the Application and return a certified copy and certificate of status to the post office address set forth above. I have enclosed a check made payable to you in the sum of \$160.00 to cover the filing fee, designation of registered agent, certified copy and certificate of status fees.

Thank you for your attention in this matter. If you have any questions concerning this matter, please do not hesitate to contact me.

Yours truly,



Russell S. Roberts

RSR/mb

Enclosures: As stated above

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D&L Watkins Holdings, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Russell S. Roberts

\_\_\_\_\_  
Name of Person

Roberts, Roberts & Roberts

\_\_\_\_\_  
Firm/Company

Post Office Box 1544

\_\_\_\_\_  
Address

Marianna, Florida 32447

\_\_\_\_\_  
City/State and Zip Code

dreww@baytreelandscape.com

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

For further information concerning this matter, please call:

Russell S. Roberts

850

526-3865

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. D&L Watkins Holdings, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia 83-2741527  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. Date Application is Filed and Registered with Florida Department of State  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3939 Lavista Road 3939 Lavista Road  
(Street Address of Principal Office) (Mailing Address)  
Suite E-PMB 317 Suite E-PMB 317  
Tucker, Georgia 30084 Tucker, Georgia 30084

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Russell S. Roberts

Office Address: 2879 Madison Street

Marianna 32446  
(City) , Florida (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

☒ Manager      Name: Andrew S. Watkins

☒ Member      Address: 3939 Lavista Road

☐ Authorized      Suite E-PMB 317

Tucker, Georgia 30084

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☒ Manager      Name: Lisa Watkins

☒ Member      Address: 3939 Lavista Road

☐ Authorized      Suite E-PMB 317

Tucker, Georgia 30084

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                    \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

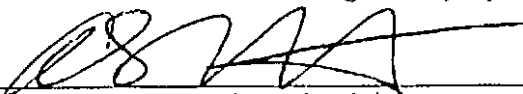
                    \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

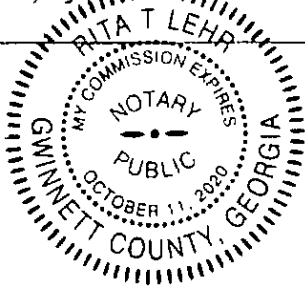
Andrew S. Watkins

\_\_\_\_\_  
Typed or printed name of signer

**STATE OF GEORGIA:  
COUNTY OF DEKALB:**

THE FOREGOING INSTRUMENT was acknowledged before me this 17 day of December, 2018, by ANDREW S. WATKINS, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

[SEAL]

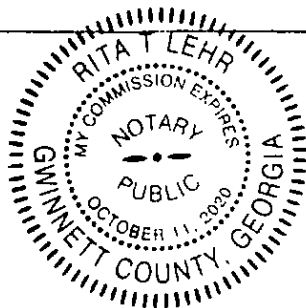


Rita T Lehr  
Notary Public  
Print Name: Rita T Lehr  
My Commission Expires: 10-11-20

**STATE OF GEORGIA:  
COUNTY OF DEKALB:**

THE FOREGOING INSTRUMENT was acknowledged before me this 17 day of December, 2018, by LISA WATKINS, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

[SEAL]



Rita T Lehr  
Notary Public  
Print Name: Rita T Lehr  
My Commission Expires: 10-11-20

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF ORGANIZATION

I, **Robyn A. Crittenden**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**D&L Watkins Holdings, LLC**

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **11/05/2018** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **11/19/2018**.



A handwritten signature in black ink, appearing to read 'Robyn A. Crittenden', written in a cursive style.

Robyn A. Crittenden  
Secretary of State



# ARTICLES OF ORGANIZATION

\*Electronically Filed\*  
Secretary of State  
Filing Date: 11/5/2018 3:15:39 PM

## BUSINESS INFORMATION

CONTROL NUMBER 18136778  
BUSINESS NAME D&L Watkins Holdings, LLC  
BUSINESS TYPE Domestic Limited Liability Company  
EFFECTIVE DATE 11/05/2018

## PRINCIPAL OFFICE ADDRESS

ADDRESS 3939 Lavista Road, Ste E, PMB 317, Tucker, GA, 30084, USA

## REGISTERED AGENT

NAME	ADDRESS	COUNTY
Philip J. Siegel	230 Peachtree St NW, #2500, ATLANTA, GA, 30303, USA	Fulton

## ORGANIZER(S)

NAME	TITLE	ADDRESS
Scott D Calhoun	ORGANIZER	230 Peachtree Street, NW, Suite 2500, Atlanta, GA, 30303, USA

## OPTIONAL PROVISIONS

N/A

## AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE scottdcalhoun  
AUTHORIZER TITLE Organizer