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COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Williams Hearma and Tactical LCC 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:
Keoin A. Williams Name of Person
Name of Person
Williams Hearing and Tectical, LCC Firm/Company
P.D. BOX GOOPS Address
Address
Palm Bry, FL 32906 City/State and Zip Code Smprfil3 Q yahoo. Sm E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Kewin A. Williams at (B21) 6 26-5560 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee \$\frac{1}{2}\$155.00 Filing Fee \$\frac{1}{2}\$Certificate of Status \$\frac{1}{2}\$Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> </u>
individual or
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7. F.

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)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager Mark	Name and Address: (N) 11/ams, Karp A. 2701 Shortfood Pomk Dr. W. MX/houng Ft 32904
MUR	Williams Daniela U. 2701 Stattore Pointe Dr. W. Mclourne, FC 32504
(Use attachment if necessary)	
E.V. Effective data if other than the data	of Gling 7 /2 DTI 4 (OPTIONAL)
EV: Effective date, if other than the date ective date is listed, the date must be spoof filing.) EVI: Other provisions, if any.	of filing. 7.12 DOI 4 (OPTIONAL) ceific and cannot be more than five business days prior to 0.20
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60) constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon	ecific and cannot be more than five business days prior to 0130

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