

L180000276918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

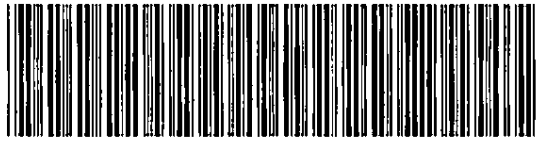
(Document Number)

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

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18 DEC -3 AM 6:20  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2018

RANDALL W. WILLIAMS  
150 13TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

SUBJECT: EXCELLENCE PAINTING LLC  
Ref. Number: W18000080976

We have received your document for EXCELLENCE PAINTING LLC and your check(s) totaling \$ . However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

ADDING THE WORD "COMPANY" WILL NOT CHANGE THE ENTITY NAME.  
PLEASE REFER TO THE F.S. 605.0112 IF YOU HAVE ANY QUESTIONS.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 818A00024102

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Excellence Painting of Northeast Florida, 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:

Randall W Williams  
\_\_\_\_\_  
Name of Person  
  
Excellence Painting of Northeast Florida  
\_\_\_\_\_  
Firm/Company  
  
150 13th Avenue North Suite C  
\_\_\_\_\_  
Address  
  
Jacksonville Beach, Florida 32250  
\_\_\_\_\_  
City/State and Zip Code  
  
ranwillphd@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Williams                      904                      507-9221  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number  
at (                      )

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
18 DEC -3 AM 6:20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Excellence Painting of Northeast Florida, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

150 13th Avenue North  
Suite C  
Jacksonville Beach, FL 32250

150 13th Avenue North  
Suite C  
Jacksonville Beach, FL 32250

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.)

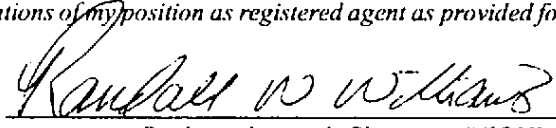
The name and the Florida street address of the registered agent are:

Randall W Williams  
Name

150 13th Avenue North Suite C  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Beach      Florida      32250  
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)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
18 DEC -3 AM 6:20  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Randall W Williams  
150 13th Avenue North Suite C  
Jacksonville Beach, FL 32250

MGR

Kristie G. Williams  
150 13th Avenue North Suite C  
Jacksonville, FL 32250

(Use attachment if necessary)

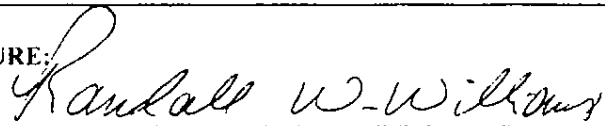
**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2019 (OPTIONAL)

(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:**



**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.

Randall W Williams

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)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA