

L04000002423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

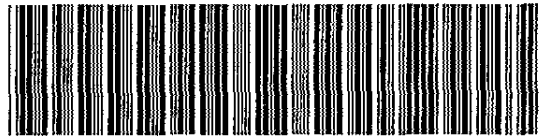
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900026303429

01/09/04--01002--016 **155.00

RECEIVED
04 JAN -9 AM 10:24
DIVISION OF CORPORATION

FILED
04 JAN -9 11 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 1-9-04 Kelly

FILED
04 JAN -9 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ CERTIFIED COPY _____

____ CUS _____

____ PHOTO COPY _____

☒ FILING LLC

1.) M. Williams Enterprises, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

ARTICLES OF ORGANIZATION

FOR

M. WILLIAMS ENTERPRISES, LLC

04 JAN -9 PM 12:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Member, desiring to form a limited liability company pursuant to the provisions of the Florida Limited Liability Company Act, hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I - Name

The name of the Limited Liability Company shall be M. WILLIAMS ENTERPRISES, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company shall be as follows:

846 Half Mile Road
Plant City, Florida 33565

ARTICLE III - Management

The Company shall be managed by one or more managers in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

The initial manager of the Company is:

Mitchell A. Williams
846 Half Mile Road
Plant City, Florida 33565

ARTICLE IV - Registered Office and Agent

The address of the initial registered office of the Company in the State of Florida is 121 North Collins Street, Plant City, Florida 33563, and the name of the registered agent at such address is Keith C. Smith, Esquire.

Mitchell A. Williams

FILED
JAN 12 3 4
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

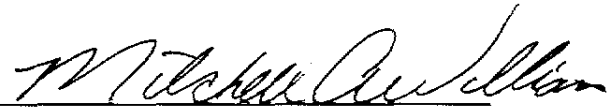
Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:

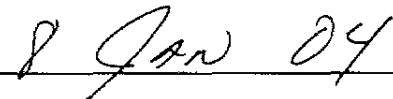
M. WILLIAMS ENTERPRISES, LLC

2. The name and address of the registered agent and office is:

Keith C. Smith, Esquire
121 North Collins Street
Plant City, Florida 33564

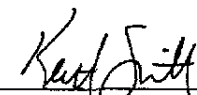


Mitchell A. Williams

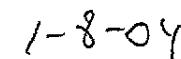


Dated

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.



Keith C. Smith, Esquire



Dated