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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations

CR2E030 (01/06) .

SUBJECT: WILLIAMS FAMILY LIMITED PARTNERSHIP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Firm/Company 602 Gay Road Address Seffner, FL 33584 City, State and Zip Code layneangiew@verizon.net Pur E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angie G. Williams	Angela G. Williams	
Address Seffner, FL 33584 City, State and Zip Code layneangiew@verizon.net Pure-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Contact Person	
Seffner, FL 33584 City, State and Zip Code layneangiew@verizon.net Permail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Firm/Company	
Seffner, FL 33584 City, State and Zip Code layneangiew@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	602 Gay Road	
City, State and Zip Code layneangiew@verizon.net For further information concerning this matter, please call:	Address	
layneangiew@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Seffner, FL 33584	
For further information concerning this matter, please call:		
•		report notification)
Angle G. Williams	For further information concerning this ma	atter, please call:
	Angie G. Williams	_{at (} 813 ₎ 653-4106
Name of Contact Person Area Code and Daytime Telephone Number	Name of Contact Person	
Enclosed is a check for the following amount:	Enclosed is a check for the following amo	unt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fee \$35 Registered Agent Fee) \$1,008.75 Filing Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fees \$1,	(\$965 Filing Fee and and Certificate of \$35 Registered Agent Status	and Certified Copy Certified Copy, and
STREET ADDRESS: MAILING ADDRESS:	STREET ADDRESS:	MAILING ADDRESS:
Registration Section Registration Section	Registration Section	
Division of Corporations Division of Corporations	· · · · · · · · · · · · · · · · · · ·	•
Clifton Building P. O. Box 6327	——————————————————————————————————————	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2010

ANGELA G. WILLIAMS 602 GAY ROAD SEFFNER, FL 33584

SUBJECT: WILLIAMS FAMILY LIMITED PARTNERSHIP

Ref. Number: W10000059875

We have received your document for WILLIAMS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 110A00030182

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR

DIVISION OF CORPORATIONS 10 DEC 29 AM 9: 40

LIMITED LIABILITY LIMITED PARTNERSHIP

The T. Layne

1. WILLIAMS FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP; or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2. 602 Gay Road
(Street address of initial designated office)
Seffner, FL 33584
3. Angela G. Williams
(Name of Registered Agent for Service of Process)
4.602 Gay Road
(Florida street address for Registered Agent)
Seffner, FL 33584
5. 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.
Hugela & Williams Signature of Registered Agent
Signature of Registered Agent
6.602 Gay Road
(Mailing address of initial designated office)
Seffner, FL 33584

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of eac Name:	ddress of each general partner: Business Address:					
Angela G. Williams		602 Gay Ro	ad			
		Seffner, FL	33584			
	•					
				and to	10 DEC 29 M 9 40	
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					04 6 W	
9. Effective date, if other than the date of fil	_{ing:} Jar	nuary 1, 201	1		····································	
(Effective date cannot be prior to nor filed by the Florida Department of St		han 90 days a	fter the dat	e the docume	ent is	
Signed this 27 th day of		December		2010		
Signature of each general partner:						
Angela 6. Williams		· · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
					 	
_	\$1,000 \$52.50 \$8.75	.00 (\$965 Filing	g Fee and \$35	Registered Age	ent Fee)	