

Division of Corporations

**L01000018670**

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H01000110613 6)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : AFFORDABLE PARALEGAL, FT. LAUDERDALE  
Account Number : I20000000264  
Phone : (954) 565-9929  
Fax Number : (954) 565-1347

**LIMITED LIABILITY COMPANY**

**Williams & Hawkins, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 29

AL

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 29 PM 4:28

H01000110613 6

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
Williams & Hawkins, LLC

## ARTICLE II - Address:

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

Street Address:  
3242 NE 6<sup>th</sup> Street  
Pompano Beach, FL 33062

Mailing Address:  
6278 North Federal Highway, PMB 294  
Fort Lauderdale, FL 33308-1916

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

Allan Todd Hawkins

Name

3242 NE 6<sup>th</sup> Street

Florida street address (P.O. Box NOT acceptable)

Pompano Beach, FL 33062

City, State, and 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 608, Florida Statutes.*

Allan Todd Hawkins

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Allan Todd Hawkins

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Allan Todd Hawkins

Typed or printed name of signee

H01000110613 6

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 OCT 29