

L-010000022314

WILLIAM KESTERSON
ARCHITECT
321-297-7838

December 17, 2001

Florida Department of State
Registration Section
Division Of Corporations
409n East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

As requested, my name and address are : William I. Kesterson, 1742 Lake Waumpi Drive,
Maitland, Florida 32751. Home phone: 407-644-3125 Work phone : 321-297-7838.

Respectfully yours,



William Kesterson

800004732438--1
-12/19/01--01028--003
****130.00 ****130.00

WIK/wik

LR
12/21
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 AM 10:59

EFFECTIVE DATE

1/1/2002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: WILLIAM KESTERSON, LLC

ARTICLE II - Address:

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

1742 LAKE WAUMPI DRIVE, MAITLAND, FL 32751

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

WILLIAM KESTERSON
Name

1742 LAKE WAUMPI DRIVE
Florida street address (P.O. Box NOT acceptable)

MAITLAND FL 32751
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, F.S.

William L. Kesterson
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)

William L. Kesterson
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.)

WILLIAM L. KESTERSON
Typed or printed name of signee

Filing Fees:

- ☒ \$100.00 Filing Fee for Articles of Organization
- ☒ \$ 25.00 Designation of Registered Agent
- ☒ \$ 30.00 Certified Copy (Optional)
- ☒ \$ 5.00 Certificate of Status (Optional)

EFFECTIVE DATE

1/1/2002

ARTICLE V - THE EFFECTIVE DATE IS JANUARY 1, 2002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 AM 10:59