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U.S. RELIANT OF STATE  
MAIL  
Tallahassee, Florida  
02/25/02 27 PM 3:00  
FILED

COVER LETTER

William PAUL

100007047581--8  
-08/12/02--01035--002  
\*\*\*\*125.00 \*\*\*\*125.00

208 KANSAS Avenue

Fort Lauderdale

FL 33312

Ph 954 321 5129

Cell 954 478 7615

W02-23371



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 13, 2002

WILLIAM PAUL  
208 KANSAS AVE.  
FT. LAUDERDALE, FL 33312

SUBJECT: WILLIAM PAUL LLC  
Ref. Number: W02000023371

FILED  
02 AUG 27 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for WILLIAM PAUL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 902A00047942

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WILLIAM PAUL LLC

**ARTICLE II - Address:**

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

208 KANSAS AVENUE  
FORT LAUDERDALE FL 33312

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

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

WILLIAM PAUL

208 KANSAS AVENUE

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

FORT LAUDERDALE FL 333

City, State, and Zip

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 Paul

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 Paul

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 PAUL

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)