200002382 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

\$70.00

Filing Fee

Enclosed is an original and one(1)-copy of the articles of incorporation and a check for: \$78.75 \$78.75 \$87.50 Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Con Status & Certificate

ADDITIONAL COPY REQUIRED

FROM: WILLIAM E 5 Name (Printed or typed)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 5, 2002

WILLIAM SPENCE, JR. 1432 GOODWOOD COURT TALLAHASSEE, FL 32308

SUBJECT: BILL SPENCE, CONSULTANT, L.L.C.

Ref. Number: W02000025698

We have received your document for BILL SPENCE, CONSULTANT, L.L.C. and check(s) totaling \$78.75 of which \$78.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$46.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 902A00051155

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: WILLIAM SPENCE, CONSULTANT, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1432 6000 WOOD CT. TALLAHAJIEE FL. J2308 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
WILLIAM E. SPENCE, TR. Name 1432 Good wood CT. Florida street address (P.O. Box NOT acceptable) FL 32308 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
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)
Signature of a member of 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 F. SPENCE, TR. 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)