

1 L03000015172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

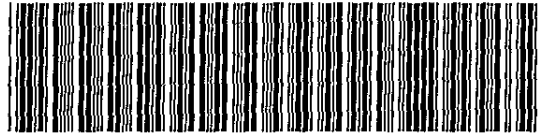
W03-11396

(Document Number)

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03 APR 29 AM 8:40
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DIVISION OF CORPORATIONS

4p

MY NAME : JOHNNIE L. ROWE
2955 N.W. 156TH ST.
MIAMI, FL. 33055

DAYTIME TELEPHONE # - (305) 571-1446

NAME OF THE LTD. CO. - CARTER WILLIAMS
LTD. CO.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 22, 2003

JOHNNIE L. ROWE
2955 N.W. 156TH ST.
MIAMI, FL 33055

SUBJECT: CARTER WILLIAMS LTD. CO.
Ref. Number: W03000011396

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

The signature line for a member must also be signed, even if the same person has already signed above as agent. Because they are signing for two different things, both signature lines must be signed.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 303A00024204

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CARTER WILLIAMS LTD. CO.

ARTICLE II - Address:

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

2955 N.W. 156th ST.
MIAMI, FL. 33055

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

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

~~CARTER WILLIAMS LTD. CO.~~ (JOHNNIE ROWE
Name
2955 N.W. 156th ST.
Florida street address (P.O. Box NOT acceptable)
MIAMI, FL. 33055
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.

JOHNNIE L. ROWE *Johnnie Rowe*

Registered Agent's Signature

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

Johnnie L. Rowe

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.)

JOHNNIE L. ROWE

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)

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