

**L030000046004**Florida Department of State  
Division of Corporations  
Public Access System

## 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.

(((H03000322721 3)))

**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 : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED  
03 NOV 21 PM 6:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

Ron Williams Flooring LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED  
03 NOV 21 PM 6:17  
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

JB  
11/21/03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Ron Williams Flooring LLC**

## ARTICLE II - Address

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

**2085 W. Highway 329  
Citra, FL 32113**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's signature

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

**Ronald Williams**

\_\_\_\_\_  
Name

**2085 W. Highway 329**

\_\_\_\_\_  
(P.O. Box or Mail Drop Box NOT Acceptable)

**Citra, FL 32113**

\_\_\_\_\_  
(City / State / 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.*

*Ronald E. Williams*

\_\_\_\_\_  
**Registered Agent's Signature - Ronald Williams**

## 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

**Ronald E. Williams - 2085 W. Highway 329, Citra, FL 32113 - Member**

*Ronald E. Williams*

\_\_\_\_\_  
**Signature of a member or 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. )

**Ronald Williams**

\_\_\_\_\_  
Typed or printed name of signee

03 NOV 21 PM 6:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED