

L030000.50495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300024995613

12/01/03--01099--023 **125.00

FILED
03 DEC - 1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/6
JH

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM J. PEARCE LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM J. PEARCE
(Name of Person)

(Firm/Company)

722 BAYSHORE DR
(Address)

TARPON SPRINGS FL 34689
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC - 1 AM 11:53

FILED

For further information concerning this matter, please call:

WILLIAM J. PEARCE at (727) 942-9028
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM J. PEARCE LLC

ARTICLE II - Address:

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

Principal Office Address:

722 BAYSHORE DR
TARPON SPRINGS FL.
34689

Mailing Address:

722 BAYSHORE DR
TARPON SPRINGS FL.
34689

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

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

WILLIAM J. PEARCE
Name
722 BAYSHORE DR
Florida street address (P.O. Box NOT acceptable)
TARPON SPRINGS FLORIDA 34689
City, State, and Zip

03 DEC - 1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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, Florida Statutes..

William J. Pearce
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

WILLIAM J. PEARCE
722 BAYSHORE DR
DARPOW SPRING, FL 32629

SECRET
TALLAHASSEE, FLORIDA

03 DEC - 1 AM 11:53

FILED

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

William J. Pearce

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 J. PEARCE

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)