

W4000009869

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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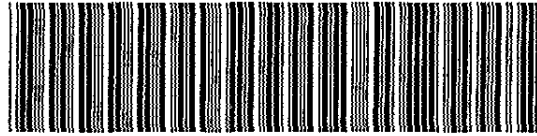
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W04-2523  
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**MJH**

01/13/04--01047--011 \*\*130.00

FILED  
01/13/04 11:30:32  
TALLAHASSEE, FLORIDA

04 JAN 13 AM 9:32

FILED

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILLIAMS VENTURES, 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:

TRACY ALLEN WILLIAMS  
(Name of Person)

WILLIAMS BENTURES, LLC  
(Firm/Company)

5872 WILLOW LANE  
(Address)

CRESTVIEW, FLORIDA 32539  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY A. WILLIAMS at ( 850 ) 689-4792  
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 20, 2004

TRACY ALLEN WILLIAMS  
WILLIAMS VENTURES, LLC  
5872 WILLOW LANE  
CRESTVIEW, FL 32539

SUBJECT: WILLIAMS VENTURES, LLC  
Ref. Number: W04000002523

We have received your document for WILLIAMS VENTURES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 504A00003520

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WILLIAMS VENTURES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5872 WILLOW LANE

CRESTVIEW, FLORIDA 32539

**Mailing Address:**

5874 WILLOW LANE

CRESTVIEW, FLORIDA 32539

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

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

TRACY ALLEN WILLIAMS

Name

5872 WILLOW LANE

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

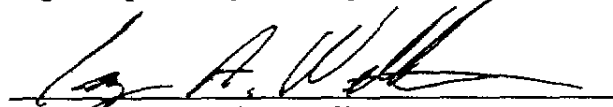
CRESTVIEW

FLORIDA 32539

City, State, and Zip

FILED  
04 JAN 13 AM 9:33  
CLERK OF DISTRICT COURT  
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, Florida Statutes..*

  
\_\_\_\_\_  
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"

TRACY ALLEN WILLIAMS

5872 WILLOW LANE

CRESTVIEW FLORIDA 32539

\_\_\_\_\_

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

TRACY ALLEN WILLIAMS

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)