

L04 000023598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

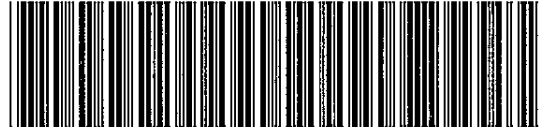
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4 MAR 29 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAINTS BY WILLIAMS E.I.N. 41-2131057
(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:

LESTER M. WILLIAMS
(Name of Person)

PAINTS BY WILLIAMS
(Firm/Company)

1310 FRANK SMITH RD.
(Address)

QUINCY, FL 32352
(City/State and Zip Code)

For further information concerning this matter, please call:

LESTER WILLIAMS at (850) 627-4603
(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

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

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TALLAHASSEE, FLORIDA
04 MAR 29 PM 12:12

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAINTS BY WILLIAMS LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

PAINTS BY WILLIAMS
1310 FRANK SMITH RD
QUINCY, FL, 32352

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

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

LESTER M. WILLIAMS
Name

1310 FRANK SMITH RD
Florida street address (P.O. Box **NOT** acceptable)

Quincy FLORIDA 32352
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, Florida Statutes..

Lester Williams
Registered Agent's Signature

E.I.N. 41-2131052

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:

MGRM

LESTER WILLIAMS
1310 FRANK SMITH RD.
QUINCY, FL, 32352

(Use attachment if necessary)

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TALLAHASSEE
04 MAR 29 PM 12:42

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

REQUIRED SIGNATURE:

Lester M. Williams

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.)

LESTER M. 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)