

L04 0000 32908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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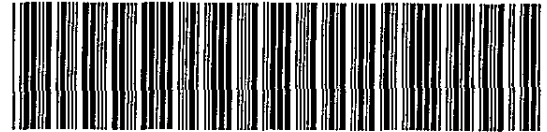
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189, 676, 671

4/29/04  
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Office Use Only

W04-13359



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03/29/04--01066--005 \*\*100.00

04/30/04--01033--032 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 APR 30 PM 12:33



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 6, 2004

BEN WILLIAMS  
4125 B. WILLIAMS LN.  
TALLAHASSEE, FL 32303

SUBJECT: BEN WILLIAMS WILLIAMS & SONS SEPTIC TANK CO.  
Ref. Number: W04000013359

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We have received your document for BEN WILLIAMS WILLIAMS & SONS SEPTIC TANK CO. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 704A00022485

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ben Williams Williams & Sons Septic Tank Co.  
(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:

Ben Williams  
(Name of Person)

Williams and Sons Septic Tank Co.  
(Firm/Company)

4125 B. Williams Ln.  
(Address)

Tallahassee, Florida 32303  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ben Williams at ( 850 ) 562-2070  
(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:

BEN WILLIAMS / WILLIAMS & SONS SEPTIC TANK, LLC.

## ARTICLE II - Address:

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

### Principal Office Address:

4125 BEN WILLIAMS LANE  
TALLAHASSEE, FLA. 32303  
(FORMERLY 4249 GEARHART RD.)

### Mailing Address:

SAME

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

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

CHARLES E. WILLIAMS  
Name  
4125 BEN WILLIAMS LANE  
Florida street address (P.O. Box **NOT** acceptable)  
TALLAHASSEE, FL 32303  
City, State, and Zip

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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..

Charles E. Williams  
Registered Agent's Signature

(CONTINUED)

**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

MGRM

\_\_\_\_\_

\_\_\_\_\_

Ben Williams  
4125 B. Williams Ln.  
Tallahassee, FL 32303

Charles Williams  
4125 B. Williams Ln.  
Tallahassee, FL 32303

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Ben 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.)

Ben 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)

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