

L04000039042

(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



600036985076

05/24/04--01023--020 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 24 AM 11:29

FILED
05/24/04
11:22
TALLAHASSEE, FLORIDA

L04-39042
CR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: William Byron Meadows, 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 Byron Meadows
(Name of Person)

William Byron Meadows, LLC
(Firm/Company)

6265 Williams Rd
(Address)

Tallahassee FL, 32311
(City/State and Zip Code)

For further information concerning this matter, please call:

William Byron Meadows at (850) 942-5123
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 24 AM 11:29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

William Byron Meadows, LLC

ARTICLE II - Address:

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

Principal Office Address:

6265 Williams Rd
Tallahassee FL 32311

Mailing Address:

6265 Williams Rd
Tallahassee FL 32311

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

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

William Byron Meadows
Name
6265 Williams Rd
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL FL 32311
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, F.S.

William Byron Meadows
Registered Agent's Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 24 AM 11:29

(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

William Byron Meadows
6465 Williams Rd
Tallahassee FL 32311

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

William Byron Meadows

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 Byron Meadows

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 24 AM 11:29