(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:

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1094-10945



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03/08/04--01962--002 **100.00

WJH

06/02/04--01006--010 **25.00

TRANSMITTAL LETTER

CHID STOT.	WILLIAM R STEVENS, LLC			
SUBJECT: _	(Name of Limited Liability Company)			
The enclosed A	Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	WILLIAM R STEVENS			
	(Name of Person) WILLIAM R STEVENS, LLC			
_	(Firm Company)			
	108 THRONHILL STREET			
	(Address)			
	FT WALTON BEACH, FL 32547			
	(City State and Zip Code)			
For further info	ormation concerning this matter, please call:			
	JAMES R WILDER at (850 , 863-3378	790		
	(Name of Person) (Area Code & Daytime Telephone Number)			

STREET ADDRESS:

TO:

Registration Section
Division of Corporations

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

March 18, 2004

WILLIAM R STEVENS WILLIAM R STEVENS, LLC 108 THORNHILL STREET FT. WALTON BEACH, FL 32547

SUBJECT: WILLIAM R STEVENS, LLC

Ref. Number: W04000010945

We have received your document for WILLIAM R STEVENS, LLC 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 fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 804A00018136

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	s:
WILLIAM R. STEVENS	LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
108 THORNHILL STREET	SAME AS OFFICE
FT WALTON BEACH	
FLORIDA 32547	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Name Rough Plorida street address (P	registered agent are:
Ff. Walton Beach City, State.	FLORIDA 32547

Having been named as registered agent and to accept service of process for the above stated limited Ligibility 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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	_WILLIAM R STEVENS
	108 THORNHILL STREET
***	FT WALTON BEACH, FL 32547
	:
••	. –
-	
·	
ا المنظم	
	4 <u></u>
(Use attachment if necessary)	
NOTE: An additional article must be REQUIRED SIGNATURE:	e added if an effective date is requested.
* Willow K	2000
Signature of a member or an a	authorized representative of a member.
(In accordance with section 608 of this document constitutes and that the facts stated herein are to	i.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)
AI I IIW	M R STEVENS
	inted 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)