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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEEL FLORIDA



## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: William S Construction 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:
Morkhew Williams (Name of Person)
(Firm/Company)
7032 ATAS conders LV  (Address)  Torralessee, Mar 32017  (City/State and Tix Code)
Tarlolossee, Slar 3201 (City/State and Zip Code)
For further information concerning this matter, please call:
Madfle William S at (850) 445-025 2 (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

## ARTICLE I - Name: The name of the Limited Liability Company is: Construction. 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:

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

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

Name

Name

7032 A + AS CACOO L

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

THINKSEC FL 323/7

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..

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

MAGRA

MAHLIN WHIPAS

1031- Atascadero Lu

Talladessee, Alas 32317

(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.)

attres Wills

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)