

L04000047810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

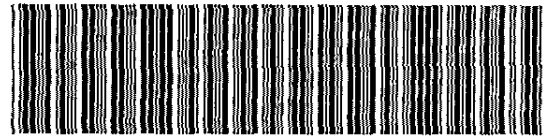
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900038227409

06/25/04--01048--008 **155.00

RECEIVED

04 JUN 25 PM 1:32

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN 25 PM 1:45

J. BRYAN JUN 25 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUGGUM'S ENTERPRISE, 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:

Clovel J. Williams, Ph.D
(Name of Person)

Guggum's Enterprise
(Firm/Company)

P.O. Box 180602
(Address)

Tallahassee, FL 32318
(City/State and Zip Code)

For further information concerning this matter, please call:

C. J. Williams at (850) 562-4651
(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:

GUGGUH's Enterprise, LLC

ARTICLE II - Address:

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

Principal Office Address:

2136 Shady Oaks Dr
Tallahassee FL 32303

Mailing Address:

P.O. Box 180602
Tall. FL 32318

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

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

Clavel J. Williams
Name

2136 Shady Oaks Drive

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

Tallahassee FL 32303

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

Name and Address:

Manager

C.J. Williams, PhD
P.O. Box 180602
Tallahassee FL 32318

Asst. Manager

Dackri Williams
P.O. Box 180602
Tallahassee, FL 32318

Secretary

Jennifer Williams
P.O. Box 180602
Tall. FL 32318

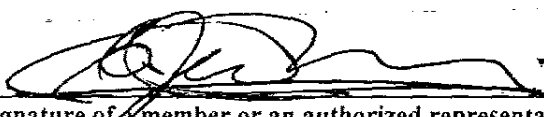
Asst. to Secretary

Eula Lee
Eula Lee Williams
5613 Maple Forest Dr
Tall. FL 32302

(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.)

Clover J. 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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN 25 PM 1:45