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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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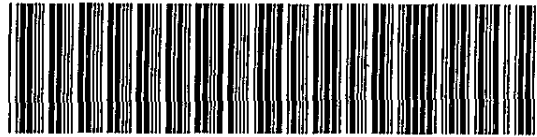
(Business Entity Name)

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04 SEP - 1 AM 7:50
DIVISION OF REVENUE
STATE OF TEXAS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM S. TEEMS, 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 S. Teems
(Name of Person)

WILLIAM S. TEEMS, LLC
(Firm/Company)

1900 McClellan Road
(Address)

Frostproof, Florida, 33843
(City/State and Zip Code)

For further information concerning this matter, please call:

William S. Teems at (863) 289-9599 cell 635-1140 H
(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
DIVISION OF CORPORATIONS
04 SEP - 1 AM 7:50

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM S. TEEMS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1900 McClellan Road

Frostproof, Florida 33843

Mailing Address:

1900 McClellan Road

Frostproof, Florida 33843

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

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

William S. Teems

Name


1900 McClellan Road

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

Frostproof, FLORIDA 33843

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, Florida Statutes..



Registered Agent's Signature

04 SEP 11 14:50
DIVISION OF CORPORATIONS