# W4000074511

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10-19-04

# Transmittal Letter

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL. 32314

	ILLIAMS CUSTOM JEWE) roposed Limited Liability Corporate n		_	
Enclosed is an ori Liability Company	ginal and one(1) copy of the art	ticles of organization for Flor	rida Limited	
☐ \$125.00 Filing Fee & Designated Registered Agent.	₩\$130.00 Filing Fee/RA & Certificate of Status	□\$155.00 Filing Fee & Certified Copy & C ADDITIONAL CO	□\$160.00 Filing Fee, Certified Copy Certificate of Status DPY REQUIRED	
_	Name (Print 610 BUFORI	iress	SA COTTO FILE ES	
		ate & Zip	***	
		5-668-7231 phone Number	_	

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is: WILLIAMS CUSTOM JEWERLY, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 610 BUFORD AVE ORANGE CITY, FL 32763

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

BRIAN KEITH WILLIAMS Name

610 BUFORD AVE Florida street address (P.O. Box NOT acceptable

ORANGE CITY, FL 32763
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

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10-19-04

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.

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

TITLE

NAME & ADDRESS

MGR

**BRIAN KEITH WILLIAMS** 

610 BUFORD AVE ORANGE CITY, FL 32763

MANAGING MEMBER:

MONICA OLIFF-WILLIAMS

610 BUFORD AVE ORANGE CITY, FL 32763

### ARTICLE V – Effective Date

The Limited Liability Company requested effective date is Oct 19, 2004

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.)

**BRIAN KEITH WILLIAMS** 

Typed are printed name of signee

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