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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILLIAMS WALLCOVERING PLUS, 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:

CAROL C WILLIAMS  
(Name of Person)

WILLIAMS WALLCOVERING PLUS, LLC  
(Firm/Company)

2800 W BLOUNT ST  
(Address)

PENSACOLA, FL 32505  
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL W WILLIAMS at ( 850 ) 434-7449  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

WILLIAMS WALLPAPER PLUS, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

2800 W BLOUNT ST  
PENSACOLA, FL 32505

#### Mailing Address:

2800 W BLOUNT ST  
PENSACOLA, FL 32505

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

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

CAROL C WILLIAMS

Name

2800 BLOUNT ST

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

PENSACOLA, FL 32505

FL

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)

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TALLAHASSEE, FLORIDA

**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:**

MGRM

CAROL C WILLIAMS

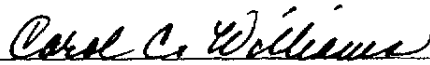
2800 W BLOUNT ST

PENSACOLA, FL 32505

(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.)

CAROL C WILLIAMS

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

## **ADDITIONAL ARTICLE**

WILLIAMS WALLPAPER PLUS, LLC  
2800 W BLOUNT ST  
PENSACOLA, FL 32505

**ARTICLE V- EFFECTIVE DATE WILL BE 11/06/2004**

**WILLIAMS WALLPAPER PLUS, LLC  
2800 W BLOUNT ST  
PENSACOLA, FL 32505**

CAROL C WILLIAMS IS 100% OWNER OF THE ABOVE REFERENCED LLC AND  
IS MANAGING MEMBER..

*Carol C. Williams*  
CAROL C WILLIAMS

**STATE OF FLORIDA  
COUNTY OF ESCAMBIA**

ON THIS 5TH DAY OF NOV 2004, PERSONALLY APPEARED BEFORE ME,  
CAROL C WILLIAMS WHO PRODUCED A VALID FLORIDA DRIVERS LICENSE  
AND IS THE SIGNER OF THE FOREGOING DOCUMENT, AND SHE  
ACKNOWLEDGED THAT SHE SIGNED IT.

*Joyce A. Carnley*  
NOTARY PUBLIC  
JOYCE A CARNLEY

