

L04000089765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

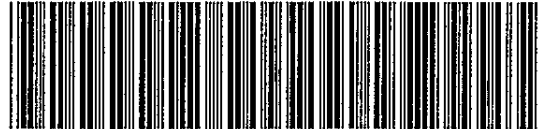
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURTS  
TALLAHASSEE, FLORIDA

J. BROWN DEC 13 2004

John C. Williams  
132 SW Covington Road  
Port St. Lucie, FL 34953  
(772) 336-0760  
(561) 358-3041 daytime

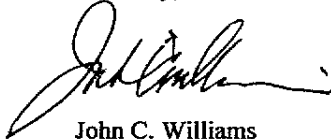
December 2, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please find enclosed the Articles of Organization for Phat Katt Ventures, L.L.C. and a check for \$160.00. This check covers the filing fee and the optional certificate and copy. Should you have any questions, I can be reached at the daytime number listed above.

Cordially,



John C. Williams

Cc: Brenda Williams  
Katt M. Williams

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHAT KATT VENTURES, L.L.C.  
(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:

JOHN C. WILLIAMS  
(Name of Person)

PHAT KATT VENTURES, L.L.C.  
(Firm/Company)

132 S.W. COVINGTON ROAD  
(Address)

PORT ST. LUCIE, FL. 34953  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA L. WILLIAMS at ( 772 ) 336-0760  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PHAT KAT VENTURES, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

132 S.W. COVINGTON ROAD  
PORT ST. LUCIE, FL. 34953

**Mailing Address:**

132 S.W. COVINGTON ROAD  
PORT ST. LUCIE, FL. 34953

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

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

BRENDA L. WILLIAMS  
Name

132 S.W. COVINGTON ROAD

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

PORT ST. LUCIE, FL 34953

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..*

Brenda L. Williams  
Registered Agent's Signature

(CONTINUED)

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PALM BEACH COUNTY, 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

BRENDA L. WILLIAMS  
132 SW. COVINGTON ROAD  
PORT ST. LUCIE, FL 34953

MGRM

JOHN C. WILLIAMS  
132 SW. COVINGTON ROAD  
PORT ST. LUCIE, FL 34953

MGRM


KATT MICAH WILLIAMS  
5224 WOODLAKE AVE.  
WOODLAND HILLS, CA 91367

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CORPORATIONS  
ALLAHOSEE, FLORIDA

(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.)

JOHN 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)