

LO50000/6912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

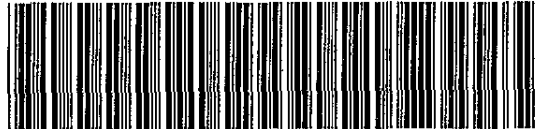
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/16/05--01028--023 **160.00

FILED
2005 FEB 16 PM 2:30
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

J. BRYAN FEB 17 2005

TRANSMITTAL LETTER

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

FILED
2005 FEB 16 PM 2:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: WILLIAM T. SOWELL L.L.C.
Name of Limited liability

Enclosed are an original and one (1) copy of the articles of organization and a
Check for {x} \$100.00 {x} \$25.00 {x} \$30.00 {x} \$5.00
Filing Fee Designation of Certified Copy Certificate
Registered Agent of Status

Total Check Amount Enclosed {x} \$160.00

FROM: Bonnie L. Richardson & Associate
Name

13800 S. Magnolia Avenue
Address

Ocala, Florida 34473
City, State & Zip Code

(352) 875-6728
Daytime Telephone Number

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

FILED
2005 FEB 16 PM 2:30
CLERK OF CIRCUIT COURT
ALTAIR ASSOCIATES, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM T. SOWELL, LLC

ARTICLE II - Address:

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

Principal Office Address:

2897 WEST GRAPEVINE CT
DUNNELLO, FL.
34433

Mailing Address:

2897 WEST GRAPEVINE CT.
DUNNELLO, FL.
34433

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

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

WILLIAM T. SOWELL.
Name
2897 WEST GRAPEVINE CT.
Florida street address (P.O. Box **NOT** acceptable)
DUNNELLO FLORIDA 34433
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..

William T. Sowell
Registered Agent's Signature

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:

MGR.

WILLIAM T. SOWELL
2892 WEST GRAPE VINE CT.
DUNNELLON, FL - 34433

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

William T. Sowell

Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM T. SOWELL

Typed or printed name of signer

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)

160-02

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TALLAHASSEE, FLORIDA
CORPORATION