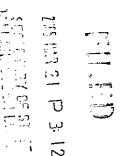
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corpora			<del>-</del>		
SUBJECT: STEPHEN R	WILLIAMS INVESTMENT (Name of Limited				
The enclosed Articles of Org	ganization and fee(s) are su	ıbmitted for filir	ıg.		
Please return all corresponde	ence concerning this matter	r to the followin	g:		
STEVE WILI	LIAMS			. <u>-</u>	
	(1)	Vame of Person)			
STEPHEN R WILLIAMS					
	(1)	Firm/Company)			
2991 GOLDEN	EAGLE DR	(4.11)			
		(Address)			
TALLAH	ASSEE, FL 32312	State and Zip Coo	(a)		. u
	(City)	State and Exp Coc	ω)		
For further information cond	cerning this matter, please	call:			
STEVE WILLIAMS		at ( 850	894-1953		_
(Name of P	Person)	(Area Co	de & Daytime Te	lephone Number)	
Enclosed is a check for th	e following amount:			T SEC	
	\$130.00 Filing Fee & ertificate of Status	S155.00 l Certified Co (additional copy	ру	Certificate of Star Certified Copy (additional copy is er	tus &
Registration Division of 409 E. Ga	ADDRESS: on Section of Corporations ines Street ee, Florida 32399		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection propertions	12

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	ny is:
STEPHEN R WILLIAMS INVESTMENT ADV	SOR LLC
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
_	
Principal Office Address:	Mailing Address:
2991 GOLDEN EAGLE DR	2991 GOLDEN EAGLE DR
TALLAHASSEE, FL 32312	TALLAHASSEE, FL 32312
ADDITION DO NOT THE ADDITION OF THE ADDITION O	A LOCK ON THE RANGE A
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:
The name and the Florida street address o	f the registered agent are:
STEVE WILLIAMS	Name
	Name
2991 GOLDEN EAGLE	DR
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)
TALLAHASSEE, FL 323	312 <sub>FL</sub>
City,	State, and Zip
liability company at the place designat	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all
	lete performance of my duties, and I am familiar with and
accept the obligations of my position a	us registered agent as provided for in Chapter 608, F.S
/ //	
Sh	111
Registered.	Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag "MGRM" = Man		Name and Address:	
MGR		STEVE WILLIAMS 2991 GOLDEN EAGLE DR TALLAHASSEE, FL 32312	
			<del></del>
	<del></del>		<del></del>
(Use attachment	if necessary)		
NOTE: An add	itional article must be	added if an effective date is requested.	
REQUIRED SIG	GNATURE:	lela	
	Signature of a member or	an authorized representative of a member.	ω <del>~</del>
	(In accordance with section of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)	
	STEVE WILLIAMS	en e	2 2
	Typed	or printed name of signee	TO
Filing Fees:		2 <sup>47</sup>	يا الله

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)