

L05000031109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

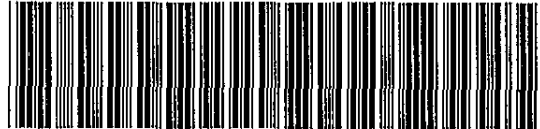
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05 MAR 30 AM 11:59  
DEPT. OF REVENUE  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
05 MAR 30 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/203/30/05

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Williams Drywall, Plastering And Painting "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:

Brenda Cooper Williams  
(Name of Person)

Williams Drywall, Plastering And Painting "L.L.C."  
(Firm/Company)

3485 Sunburst loop  
(Address)

Tallahassee, Florida 32305  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda C Williams at (950) 575-1085 or 267 8400  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>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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TALLAHASSEE FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Williams Drywall, Plastering And Painting "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:**

3485 Sunburst Loop  
Tallahassee, Florida  
32305

**Mailing Address:**

3485 Sunburst Loop  
Tallahassee, Florida  
32305

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

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

Brenda Cooper Williams  
Name

3485 Sunburst Loop  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32305  
City, State, and Zip

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*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 C Williams  
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" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

Brenda Cooper Williams  
3485 Sunburst Loop  
Tallahassee, Florida 32305

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Brenda Cooper Williams  
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.)

Brenda Cooper Williams  
Typed or printed name of signee

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TALLAHASSEE FLORIDA

**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)