## L05000031545

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: William's Hame Man	CMTS LLC ability Company)
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Denard Williams	the following:  FLOOR  THE SEE FLOOR
(Firm	/Company)
1341 Hatchinson S	ddress)
Tallahaster Fla (City/State	32301 and Zip Code)
For further information concerning this matter, please call:	
Demand Alimana at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	3 \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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:	SE S		
In/illiams Home Manscures LLC	- 55FC - 3		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li	زی iability Company is:		
Principal Office Address: Mailing Address:	<i>~</i> ;		
1341 Hutchirson St Tallahassee, Fla 32304			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:			
Denard Williams Name			
1341 Hutchinson 5+ Florida street address (P.O. Box NOT acceptable)			
Tallahayuz FL 32364 City, State, and Zip			
Having been vamed as registered agent and to accent service of process for the	ahova stated limited		

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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	• • • • • • • • • • • • • • • • • • •
Manager Member	1341 Hutchinson St Tallahassee Pla
<del></del>	
·	
(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.
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Denard W	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)