# L05000117195

	(Re	questor's Name)		
	(Ad	dress)		
	(Ad	dress)		<u> </u>
<u> </u>	(Cit	y/State/Zip/Phon	e #)	
	PICK-UP	☐ WAIT	☐ MAI	L
·	(Bu	siness Entity Nai	me)	
	(Do	cument Number)	<u> </u>	
Certified Cop	oies	_ Certificate:	s of Status	
Special Ins	tructions to	Filing Officer:		
			,	
855	676	171	12/	6
	014	Office Use Or	nly W	<b>X</b>
16. C	1844			



700061396497

11/16/05-0104P -004 \*\*1FF

\*\*TED.MI

12/07/05--01035--020 \*\*25.00

CALL COF STATE

I

## FILED

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAMS AND CATTER, LLC
(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:

(Name of Person)

WILMAMS AND OARTEIZ, LLC

(Firm/Company)

3249 EL CAMINO REAL

(Address)

WEST PALM

(City/State and Zip Code)

For further information concerning this matter, please call:

MATZOLD CATTER at (56) 758-7583

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\times\$ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 21, 2005

HAROLD B CARTER 3249 EL CAMINO REAL WEST PALM BEACH, FL 33409

SUBJECT: WILLIAM AND CARTER, LLC

Ref. Number: W05000051896

We have received your document for WILLIAM AND CARTER, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 905A00068540

Division of Comparations D.O. DOY 6997 Wellaharan Black 9991

# .

### **CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:	
WILLIAMS AND CARTER, PA	
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:  A. Date:  B. Jurisdiction:    Figh   19 A   19	05 DEC - 7 AM 10: 32
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion:  THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:	H 10: 32
WILLIAMS AND CARTER, LLC	
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.)	
HAIZOLD 13. CAITTER Typed or Printed Name of Signee	

### FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

## FILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WILLIAMS	AND CARTER LLC  "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "	Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Add	lress:
	and street address of the principal office of the Limited Liability Company is:
J	

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:			
3249 EL CAMINO PEAL WEST PALM BEACH EL	SAME FALLA			
33 409	<u> </u>			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the reg	distered agent are:			
HAROLD B, CAR	LIEK			
Name				
Florida street address (P.O. Box NOT acceptable)				
WEST PALM BEACHFL 33 409  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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

_	3		ŀ
Ī.	_		1
E	1	1	ř
ζ	_	)	

ASHLEY J WILLIAMS  3118 WADDELL AYE.  WEST PALM BEACH, EL 33411  HAKOLD B. CATTEE  3249 EL CAMINO REAL  WEST PALM BEACH, FL 33409  (Use attachment if necessary)	<u>Title:</u> "MGR" = Manager	Name and Address:
(Use attachment if necessary)	"MGRM" = Managing Member  MCRM  NIGRM  NIGRM  NIGRM	ASHLEY J WILLIAMS  3118 WADDELL AYR.  WEST PALM BEACH, EL 33411  HAKOLD B, CATTER  3249 RL CAMINO REAL
		WEST PALM BEACH, FL 33409
	(Use attachment if necessary)	A SECTION OF THE SECT
	days after the date of filing.)  REQUIRED SIGNATURE:	O: 32 HIDA
TATE HIDA	Signature of a membe	Talorlander of a member.
HATE ARIDA	(In accordance with sec of this document consti	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

HAROLD B CARTER
Typed or printed name of signee