

W06000043399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

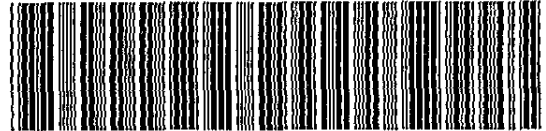
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300071301533

04/24/06--01013--015 **125.00

2006 APR 24 PM 1:18
SECRETARY OF STATE
CLERK/RECORDS

FILED

W06-43399
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matthew wills 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:

Matthew wills
(Name of Person)

Matthew will LLC
(Firm/Company)

7953 Crawford rd.
(Address)

Laurel Hill FL 32367
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew wills at (850) 652-4253
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 APR 24 PM 1:18

FILED

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

matthew wills LLC

ARTICLE II - Address:

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

Principal Office Address:

7953 crawford rd.
Laurel Hill FL.

Mailing Address:

7953 crawford rd.
Laurel Hill FL.

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

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

matthew wills
Name
7953 crawford rd.
Florida street address (P.O. Box NOT acceptable)
Laurel Hill FLORIDA 32567
City, State, and Zip

2006 APR 24 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

matthew wills
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:

manager

matthew wills
7953 crawler rd.
lawrence hill fl 32062

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

matthew wills
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.)

matthew wills
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)

2006 APR 24 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED