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

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COVER LETTER

TO:	Registration Se Division of Co				
SUBTI	_{ECT:} Williar	ns. L.C.			
SUBJ	BC1.	(Name of Limite	d Liability Compa	лу)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing		
			•		
ricase	return an corresp	ondence concerning this matte	r to the lollowing.	-	
	Matthew	Brent Williams		NA. 11. 80 - 11 11.	
		(Name of Person)		
	Williams,	L.C.			
		(Firm/Company)		
	6014 Spi	ring Creek Court	•		
			(Address)		
	Mt Dora,	Florida 32757			
			State and Zip Code)	
For fur	ther information	concerning this matter, please	call:		
Matt	hew Brent	: Williams	at (678)	988-78	77
(Name of Person)		(Area Code	& Daytime To	elephone Number)	
Enclos	sed is a check fo	or the following amount:			
□ \$ 125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporation	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•				
The name of the Limited Liability Company	y is:				
Williams, L.C.					
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
6014 Spring Creek Court	6014 Spring Creek Court				
Mt Dora, Florida 32757	Mt Dora, Florida 32757				
The name and the Florida street address of Matthew Brent William					
6014 Spring Creek Court					
Florida street address (P.O. Box NOT acceptable)					
Mt Dora	FL 32757 sate, and Zip				
City, St	ate, and Zip				
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S				

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:
MGR	-	Matthew Brent Williams 6014 Spring Creek Court Mt Dora, Florida 32757
	 -	
**************************************	_	
(Use attachment if	necessary)	
CLE V: Effective da effective date is liste 0 days after the dat	ed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days pro-

(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 Brent Williams

Typed 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)