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(Re	equestor's Name)			
(Address)				
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(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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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: Wil	liams Elect (Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are si	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
Way.	ne E. Will	iams Name of Person)	
	· ·	Firm/Company)	
5146	Dockside Lindo, FL 32)rive	
		(Address)	
Orla	ndo, FL 32	822	
	(City)	/State and Zip Code)	
- For further information of	concerning this matter, please	call:	
12 c	/ 1.1ic =	701 0	0
Wayne E. (Name	of Person)	at (321) 277 (Area Code & Daytime Te	elephone Number)
<u>-</u>			
Enclosed is a check for	r the following amount:	_	
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Williams Electronics Lin (Must end with the words "Limited Liability Company, "Limited		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5146 Dockside Drive Orlando, FL 32822	<u> </u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	ca	
Wayne E. W.	egistered agent are: SECRETARIANS OFFICE OF THE PROPERTY OF	: #

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

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:
Mer	Wayne E. Williams 5146 Dockside Drive. Orlando, FL 32822
·	
(Use attachment if necessary)	
	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Hillians
(In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution are an affirmation under the penalties of perjury in are true.) E. Williams 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)