_06000112872

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	Idress)			
(Cir	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	ısiness Entity Naı	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



800081896338

11/21/06--01017--012 **160.00

EFFECTIVE DATE

SECRETARY OF STATIONS DIVISION OF NOV 21 AM 10: 54

J. BRYAN NOV 2 2 2006

COVER LETTER

Registration Section
Division of Corporations

TO:

_{surject} . Willian	n Brown's Backhoe	e Service		
SCHOLCI.		d Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	r to the following:		
William R	. Brown			
	(1	Name of Person)		
William B	rown's Backhoe S	Servivce		
	(Firm/Company)		
P.O.Box	329, 1414 Oa	k Pond Lane	96 Nid	S.CO.
		(Address)	108	CRE
Steinhate	chee Fl. 32359		21	がなった。
	(City.	/State and Zip Code)	=	200 C
For further information	concerning this matter, please	call:	NOV 21 AM 10: 54	RP OR ATIONS
Wm. Brown		at (352) 498 50	55	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For 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	ons r Cìrcle	

	R FLORIDA LIMITED LIABII	20 N.S.
ARTICLE I - Name:		 三三三
The name of the Limited Liability Compan	y is:	OF CONTRACT
William Brown's Backhoe Service L.L	C.	CITY COMPANY FILED STATIONS OF NOV 21 AH 10:51
(Must end with the words "Limited Liability Company, "	Limited Company" or their abbreviation "LLC	C," or "L.C.," OF
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
1414 Oak Pond Ln.	P. O. Box 329	
Steinhatchee Fl.	Steinhatchee Fl.	****
Otominatorio i ii	Oteliniatories i i.	
32359	32359	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	32359 tered Office, & Registered Agent Registered Agent. You must designate an indi	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of William R. Brown	32359 tered Office, & Registered Agent Registered Agent. You must designate an indi	vidual or another
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of William R. Brown 1414 Oak Pond Ln.	32359 tered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:	vidual or another
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of William R. Brown 1414 Oak Pond Ln.	32359 tered Office, & Registered Agent' Registered Agent. You must designate an indi- the registered agent are:	vidual or another
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of William R. Brown 1414 Oak Pond Ln. Florida stree Steinhatchee Fl. 3235	acceptable) 32359 tered Office, & Registered Agent' Registered Agent. You must designate an indir the registered agent are:	vidual or another

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM William R. Brown 1414 Oak Pond Ln. Steinhatchee Fl. 32359 MGRM Ethel L. Brown 1414 Oak Pond Ln. Steinhatchee Fl. 32359 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 12-01-06 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

William R. Brown

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)