

L06000115088

(Requestor's Name)

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(City/State/Zip/Phone #)

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**EFFECTIVE DATE**

01/01/07

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 30 PM 3:52

W06-50344  
J. BRYAN NOV 16 2006

J. BRYAN DEC - 5 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2006

PATRICIA A. WILLIAMS  
TYLAKY FAMILY PARTNERSHIP LLC  
295 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547

SUBJECT: TYLAKY FAMILY PARTNERHIP LLC  
Ref. Number: W06000050344

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*Funds already submitted.*

We have received your document for TYLAKY FAMILY PARTNERHIP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 406A00067173

*Corrections  
made.  
ATTACHED*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TYLAKY  
(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:

Ronald Wayne Williams

(Name of Person)

(Firm/Company)

295 Eldredge Road

(Address)

Fort Walton Beach, FL 32547

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald Wayne Williams

(Name of Person)

at ( 850 ) 865-7026

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TYLAKY LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

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

### Principal Office Address:

295 Eldredge Road  
Fort Walton Beach, FL 32547

### Mailing Address:

295 Eldredge Road  
Fort Walton Beach, FL 32547

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

(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 registered agent are:

Ronald Wayne Williams

Name

295 Eldredge Road

Florida street address (P.O. Box **NOT** acceptable)

Fort Walton Beach, FL 32547

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.*

Ronald Wayne Williams  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Ronald Wayne Williams

295 Eldredge Road

Fort Walton Beach, FL 32547

MGRM

Patricia Ann Williams

295 Eldredge Road

Fort Walton Beach, FL 32547

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1 Jan 2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Ronald Wayne Williams*

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.)

Ronald Wayne 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)**