

LO7000014075

http://www.sos.state.fl.us/corp/vetiltcovr.exe

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000031882 3)))



H070000318823ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

2001 FEB -6 A 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AL

RECEIVED

07 FEB -6 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

m. williams ventures, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

3

H07000031882

**ARTICLES OF ORGANIZATION  
OF  
M. Williams Ventures, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I  
NAME**

The name of this limited liability company is:  
**M. Williams Ventures, LLC**

**ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE**

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

Ingrid M Bachelor  
10235 W Sample Road  
Suite 205  
Coral Springs, Florida 33065

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.

  
Ingrid Bachelor, Registered Agent

H07000031882

2007 FEB - 6 A 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

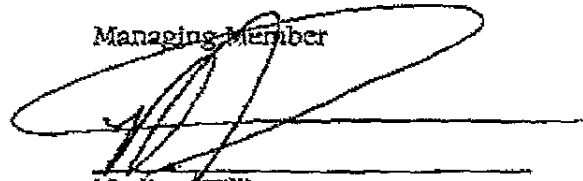
H07000031882

**ARTICLE IV  
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Madieu Williams  
10235 W Sample Road  
Suite 205  
Coral Springs, FL 33065

Managing Member



Madieu Williams

Authorized Representative of the Member  
(In accordance with Section 608.408(3), Florida  
Statutes, the execution of this document constitutes an  
affirmation under penalties of perjury that the facts  
stated herein are true.)

**FILED**

2001 FEB -6 A 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H07000031882