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_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

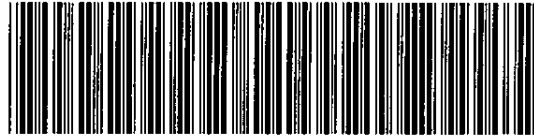☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: _DIANNA D. WILLIAMS LLC._
(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:

DIANNA D. WILLIAMS
(Name of Person)

DIANNA D. WILLIAMS LLC
(Firm/Company)

2940 WINDRIDGE DR.
(Address)

HOLIDAY, FL 34691
(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS L. WILLIAMS at (_727_) _251-9199_
(Name of Person)   (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	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DIANNA D. WILLIAMS, LLC

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3940 WINDRIDGE DR.
HOLIDAY, FL 34691

Mailing Address:

3940 WINDRIDGE DR.
HOLIDAY, FL 34691

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:

DENNIS L. WILLIAMS
Name

3940 WINDRIDGE DR.
Florida street address (P.O. Box **NOT** acceptable)

HOLIDAY, FL FL _34691_
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..*

Registered Agent's Signature (REQUIRED)

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:

MGR   DIANNA D. WILLIAMS
                                2940 WIND RIDGE DR.
                                HOLIDAY, FL 34691

MGRM   DENNIS L. WILLIAMS
                                2940 WIND RIDGE DR.
                                HOLIDAY, FL 34691

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE V: Effective date, if other than the date of filing: _____ .(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:

[signature]

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.)

DENNIS L. 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)

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