L08000111523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

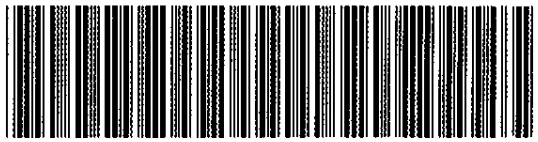
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA

M. THOMAS

DEC - 5 2008

EXAMINER

MATTHEW G. PALENTCHAR, ESQ., P.A.

ATTORNEY AT LAW

2240 W. 1st Street
Suite 101
Fort Myers, FL 33901
Phone: 239.333.2022

Email: mpalentchar@mpallaw.com
Florida Bar No. 0776351
Cell: 239.989.2080
Fax: 239.333.2024

December 1, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

RE: **LLC Formation---The Williams Center for Children, LLC**

Dear Madam or Sir:

Enclosed please find the appropriate documentation to form the above referenced LLC along with a check in the proper amount.

Thank you so much for your consideration of this matter. Please do not hesitate to call this office should you have any questions or concerns. *Happy Holidays to you and yours!*

Sincerely,

Matthew G. Palentchar, Esq.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Williams Center for Children, 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:

Claudette L. Williams
(Name of Person)

The Williams Center for Children, LLC
(Firm/Company)

610 Maple Dr.
(Address)

Immokalee, FL 34142
(City/State and Zip Code)

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For further information concerning this matter, please call:

Claudette L. Williams at (239) 6578304
(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
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The Williams Center for Children, 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:	**Mailing Address:**
610 Maple Dr.	610 Maple Dr.
Immokalee, FL 34142	Immokalee, FL 34142

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TALLAHASSEE, FLORIDA

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:

Claudette L. Williams
Name

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

Immokalee, FL 34142 FL
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..

Claudette Williams
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Claudette L. Williams 610 Maple Dr. Immokalee, FL 34142

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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:

Claudette L. 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.)

Claudette 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)