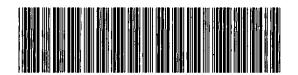
## L09000031653

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



300147887953

04/01/09--01012--012 \*\*160.00



B. KOHR

APR - 2 2009

**EXAMINER** 

## COVER LETTER

Division of Corp				
SUBJECT: ERRICK	WILLIAMS GROUP L	LC		
		ed Liability Con	npany)	
The enclosed Articles of 0	Organization and fee(s) are	submitted for fil	ling.	
Please return all correspon	ndence concerning this mat	ter to the follow	ing:	
PEGGY K. WI	LLIAMS			
		(Name of Person)	•	14177 194 64
KING MANAG	SEMENT GROUP AN			Ž Ž T
		(Firm/Company)		SEE SEE
2805 E. OAKL	AND PARK BLVD #2			F 69
		(Address)		<b>15</b>
FT. LAUDERD	OALE, FLORIDA 3330			
	(Cit	ty/State and Zip C	ode)	
For further information co	oncerning this matter, pleas	e call:		
PEGGY K. WILLIAM		at (_954	7018539	
(Name o	f 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 Find Certified (additional control of the c	•	\$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	Regist Divisi Clifto 2661	t/Courier Address tration Section on of Corporati n Building Executive Cente	ons er Circle

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..

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRM	PEGGY K. WILLIAMS 2841 NE 35TH COURT FT. LAUDERDALE, FL 33308
MGR	ERRICK L. WilliAMS 10961 GW 31 St STreet DAVIC FV 33328
<del></del>	
i effective date is listed, the da 90 days after the date of filin	ner than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days ag.)
REQUIRED SIGNATUR	of a member or an authorized representative of a member.
of this doc	ance with section 608.408(3), Florida Statutes, the execution cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
PEGGY	K. WILLIAMS

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)

Typed or printed name of signee