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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Williams Brothers Painting LIC 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:		
Korshan Williams Sr. Name of Person		
Williams Brothers Paint Firm/Company		
8231 Balmoral Dr.		
Tallahassee Fl. 32311 City/State and Zip Code		
E-mail address: (to the used for future annual report notification)		
For further information concerning this matter, please call:		
Korskan Williams at (850) 264-5526 Name of Person at (850) Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 130.00 Filing Fee \& \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ 160.00 Filing Fee, \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Williams Brothers Painting 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 pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8231 Ralmoral Dr Tallahassee, Florida 32311	8231 Balmoral Dr Tall, Fl 32311	
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 re	egistered agent are:	
Korshan Williams Sr. ARE 20 TO Name		
Name	29 SSSI	
8231 Balmoral 1	Dr.	
Florida street address (P.O.		
Tallahassee	FL 32311 😤 🛎	
City, State, ar	nd Zip	
	accept service of process for the above stated limited his 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)

Page 1 of 2

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 Member	Name and Address:
mgrm	Korshan Williams 8231 Balmoral Dr. Tallahassee, Florida
	SECRETA TACLAHAS
	SEE FLORE
(Use attachment if necessary)	
(If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
Korshan	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga	nization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)