

L09000097217

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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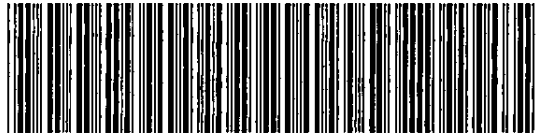
Special Instructions to Filing Officer:

**A. LUNT**

OCT - 8 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

# KELVIN WILLIAMS, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Derric I. Heck  
1803 S. Martin L. King, Jr. Boulevard  
Tallahassee, Florida 32301  
derricivanheck@gmail.com

For further information concerning this matter, please call:

DERRIC I. HECK at (850) 251-5139

Enclosed is a check for the following amount:

Filing Fee

\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I

The name of the Limited Liability Company is:

**KELVIN WILLIAMS, LLC.**

## ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
1803 S. Martin L. King, Jr. Boulevard Tallahassee, Florida 32301	1803 S. Martin L. King, Jr. Boulevard Tallahassee, Florida 32301

## ARTICLE III

The purpose for which this Limited Liability Company is organized is:  
**ANY AND ALL LAWFUL BUSINESS.**

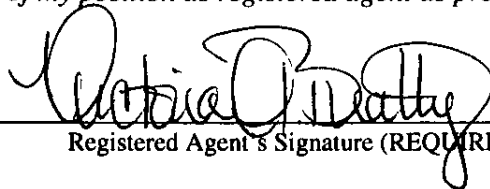
## Article IV

(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:

**REIGNMAKER HOLDINGS, LLC  
441 GRAND CONCOURSE  
MIAMI SHORES, FLORIDA 33138**

*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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

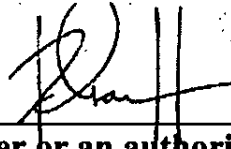
**Name & Address:**

**MGRM**

**DERRIC I. HECK  
1803 S. Martin L. King, Jr. Blvd.  
Tallahassee, Florida 32301**

**MGRM**

**KELVIN WILLIAMS  
2895 Jim Lee Road  
Tallahassee, Florida 32301**



**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.)*

**DERRIC I. HECK**

\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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