## L09000/00536

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	· · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000161822890

10/19/09--01007--023 \*\*125.00



SECHLIARY OF SWITCH ALLAHASSEE, FLOO

T 19 PM 1:2

J. BRYA®

OCT 1 9 2009

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: Williams Photography L.L.C. Name of Limited Lizability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antionate Williams Name of Person
Williams Photography L.L.C Zing 7
bay NAPA COURT
Address
Tallahave FI 32317 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A nti sotte Williams at (850) 545-8375  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	200
The name of the Limited Liability Company is:	
Milliams 2 hato graph (Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1911 LAPP COURT	Tall, FI 32317
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the repair to the Name	-
Florida street address (P.O. E	
City, State, and	FL 32317 1 Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perjaccept the obligations of my position as registed.	except service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	re (REQUIRED)

## Page 1 of 2

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

The name and address of each M	Ianager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRAF Managing Weinber	Antionate Williams
	6241 NAPP COURT
MCLM	PATRICK Williams
	- Tall FI 32317
	<u> </u>
(Use attachment if necessary)	
LE V: Effective date, if other tha ffective date is listed, the date muddays after the date of filing.)	n the date of filing: (OPTIONAl ust be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
Antic	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Filing Fees: