# 110000001453

(Re	equestor's Name)	
(Ac	ddress)	
· (Ad	ddress)	
(Cl	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nam	e)
, (De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
, 		





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S. HAWKES FEB 1 2 2010

**EXAMINER** 

S. HAWKES

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EXAMINER

S. HAWKES

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EXAMINER



January 28, 2010

ROBERT L WILLIAMSON 1290 NW HONEY LAKE RD GREENVILLE, FL 32331-4075

SUBJECT: WILLIAMSON UNLIMITED, LLC

Ref. Number: L10000001453

We have received your document for WILLIAMSON UNLIMITED, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The person signing and the name typed in need to be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 010A00002332



January 12, 2010

ROBERT L. WILLIAMSON 1290 NW HONEY LAKE RD. GREENVILLE, FL 32331-4075

SUBJECT: WILLIAMSON UNLIMITED, LLC

Ref. Number: L10000001453

We have received your document for WILLIAMSON UNLIMITED, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 210A00000867

Marsha Thomas Regulatory Specialist II

### **COVER LETTER**

TO:	Registration Of	n Section Corporations			
SUBJI	ест:	Will	amson Ur	<u>limite</u>	d, LLC
		Name	of Limited Lia	bility Cor	npany
Dear S	ir or Madam:				
The en	closed Article	es of Correction and fee(s)	are submitted f	or filing.	
Please	return all cor	respondence concerning th	is matter to the	following	2:
		Robert L. Williams	on		_
		Name of Person			
	Willia	amson Group Unlimi	ted, LLC		-
		Firm/Company			
	1	290 NW Honey Lak	e Rd.		_
		Address			
	G	reenville, FL 32331	-4075		_
	/	City/State and Zip Code			
	l bob	@honevlakeplantat	on.com		
Е	-mail address	@honeylakeplantat :: (to be used for future and	ual report notif	ication)	-
For fur	ther informat	ion concerning this matter	, please call:		
	Fada	oin Waller, Esq.	at (	770	822-0900
	Na Na	ime of Person		Area Co	de & Daytime Telephone Number
Registr Division Clifton 2661 E	ET/COURIE ration Section on of Corpora Building executive Cen assee, Florida	tions ter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclos	ed is a check	for the following amoun	t:		
<b>\$2</b> 5	Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filin Certified		\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E0	062 (08/05)				

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	<u>C</u> :	The name of the limited liability company is: Williamson Unlimited, LLC						
<u>SECO</u>	<u>ND</u> :	The articles of organization or the application to transact business						
(CH	ECK T	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT						
$\overline{\checkmark}$	incorre	ins an incorrect statement. The incorrect statement, the reason the statement is ect, and the corrected statement are as follows: e of entity incorrectly submitted when formed. Actual name should be:						
	Willia	mson Group Unlimited, LLC						
		0						
	OR	Ser. C.						
		efectively signed. The manner in which the document was defectively signed and propriate correction are as follows:						
Dated:		January 6 , 2010 .						
		Signature of a member or authorized representative of a member						
		TERESA T. Williamson  Typed or printed name of signee						
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)						

CR2E062 (08/05)

## Electronic Articles of Organization For Florida Limited Liability Company

L10000001453 FILED 8:00 AM January 05, 2010 Sec. Of State alunt

#### Article I

The name of the Limited Liability Company is: WILLIAMSON UNLIMITED, LLC

#### **Article II**

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

1290 NW HONEY LAKE RD. GREENVILLE, FL. US 32331

The mailing address of the Limited Liability Company is:

1290 NW HONEY LAKE RD. GREENVILLE, FL. US 32331

#### **Article III**

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

#### **Article IV**

The name and Florida street address of the registered agent is:

ROBERT L WILLIAMSON 1290 NW HONEY LAKE RD. GREENVILLE, FL. 32331

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.

Registered Agent Signature: ROBERT L. WILLIAMSON

Lord Bright

# Article V

The name and address of managing members/managers are:

Title: MGR ROBERT L WILLIAMSON 1290 NW HONEY LAKE RD. GREENVILLE, FL. 32331 L10000001453 FILED 8:00 AM January 05, 2010 Sec. Of State alunt

#### **Article VI**

The effective date for this Limited Liability Company shall be: 01/05/2010

Signature of member or an authorized representative of a member Signature: ROBERT L. WILLIAMSON