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

Office Use Only

G. MCLEOD

JUL 19 2010

EXAMINER



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COVER LETTER

10: Kegistration	Section			. 1
Division of Co	orporations			• :
	•			: }
\A200 =	- Dista			*
SUBJECT: William			• "	:
	Name of Limit	ted Liability Co	mpany	; i
				;
The enclosed Articles of	of Organization and fee(s) are	submitted for fi	ling.	·. ·
70 II				! 1
Please return all corresp	condence concerning this mat	tter to the follow	ring:	{ :
				. 1
William Scott	Dickey			•
		Name of Person		
		Name of Terson		
William S. Die	ckey LLC			
		Firm/Company		
		• •		
1010 A Jaffan	A			
1349 A Jeffer	son Ave			
		Address		
Orange Park	Florida 32065			-
		ty/State and Zip C	ode.	
		igrotate and zip C	viac	
handymansco				
 	E-mail address: (to be used	for future annual	report notification)	
For further information	concerning this matter, please	e call:		
Scott Dickey		004	₁ 505-5123	
	of Person	at (<u>904</u>	/	uhan Manka
Name	of Person	Area C	ode & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:			
anioropou io a oneon i	or the following amount.			
□\$125.00 Filing Fee	■\$130.00 Filing Fee &	□ \$155.00 Fi	ling Fee & 🔲	\$160.00 Filing Fee,
	Certificate of Status	Certified (_	Certificate of Status &
	Certificate of Status		copy is enclosed)	Certified Copy
		(auumona) (opy is enclosed)	(additional copy is enclosed)
				(additional copy is enclosed)
	Mailing Address	Street	Courier Address	•
	Registration Section		ration Section	
	Division of Corporations		on of Corporations	
	P.O. Box 6327		n Building	
	Tallahassee, FL 32314		Executive Center C	ircle
	,		assee, FL 32301	

: :1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:						
	imited Liability Cor	mpany is:					
	•			:			
William S. Dick	ey LLC			·			
(M	lust end with the words "L	imited Liabil	ity Company, "L.L.C.," or "L	LC.") `			
ARTICLE II - A		s of the nr	incipal office of the Li	mited Lis	ability Co	ımnar	nv is:
Principal Office		···· F -	Mailing Address:		2011II) OC	pu	.,
1349 A Jefferson Ave (Orange Park Florida 3206	35	SAME				
	· · · · · · · · · · · · · · · · · · ·			2.1			
The Limited Liability C business entity with an	Company cannot serve as it active Florida registration. Florida street address	s own Regist .)	Office, & Registered ered Agent. You must designate egistered agent are:	te an individ	dual or anoth	her 5	
	William Scott DFi	ckev			#M	JUL 16	ė
		Name		_	SE SE		,
	1349 A Jefferson	Ave			7	H	
	Florid	a street add	ress (P.O. Box NOT accep	table)		1:44	O
	Orange Park		_{FL} 32065		₩.	F	
		City, Sta	te, and Zip	_			
							iited

tatutes 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 (REOUIRED)

(CONTINUED)
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	Name and Address:
"MGRM" = Managing Member	_
MGR	William Soft Dictor 1349 A JEFFERSON ARE Orange Panci Fl 3200
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be d days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
Signature of a membe	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated her	etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)