110000098529

(Re	equestor's Name)	
(Ad	ldress)	
•		
	ldress)	
uA)	uless)	
(Cit	ty/State/Zip/Phone	e #)
_		_
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nan	ne)
,00	Siness Littly Ivan	ne,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500185405705

500185405705 09/20/10--01050--003 **160.00

T. CLINE

SEP 2 1 2010

EXAMINER

2010 SEP 20 PM 1: 56
SECRETARY OF STATE
ANASSEE, FLORIDA

Urd(999a)

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT: PT Willi	ams Way, LLC.	ed Liability Company		
		Numb of Emili	ca Entonity Company		
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corresp	pondence concerning this mat	ter to the following:		
	John W. Moff	fitt			
			Name of Person		
			Firm/Company		
	4449 SW Qui	et Place			
	· · · · · · · · · · · · · · · · · · ·	MU1811.4	Address	· · · · · · · · · · · · · · · · · · ·	
	Palm City, Flo	orida 34000			
	rain City, ric		y/State and Zip Code	<u> </u>	
	johnvai@bells	south.net			
•		E-mail address: (to be used	for future annual report notification	on)	
For fur	ther information	concerning this matter, pleas	e call:		
John	W. Moffitt		at (772)486-79	09	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclos	sed is a check for	or the following amount:		ZOH SEP TALL AFFEE, P	
□\$ 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copp ((additional copy is employed)	-
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLE I - Name:

звиненияния

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PT Williams V		mited Liability Company, "L.L.C.," or "LLC.")	-
'	(Musi end with the words 1.)	inned Liability Company, E.E.C., or EEC.	
ARTICLE II -	Address:		
The mailing add	ress and street address	s of the principal office of the Limited Liability (Company is:
Principal Office	e Address:	Mailing Address:	
4449 SW Quiet Place	e	C/O John W. Moffitt	
Palm City, Florida 34990		4449 SW Quiet Place	-
APTICI F III -	Degistered Agent D	Palm City, Florida 34990	
(The Limited Liability business entity with	y Company cannot serve as it an active Florida registration	Registered Office, & Registered Agent's Signal so own Registered Agent. You must designate an individual of the second se	pothern SEP 20 P
(The Limited Liability business entity with	y Company cannot serve as it an active Florida registration the Florida street address	Registered Office, & Registered Agent's Signal so own Registered Agent. You must designate an individual of the second se	pothern SEP 20 P
(The Limited Liability business entity with	y Company cannot serve as it an active Florida registration the Florida street address	Registered Office, & Registered Agent's Signal so own Registered Agent. You must designate an individual of the second se	pothern SEP 20 P
(The Limited Liability business entity with	y Company cannot serve as it an active Florida registration ae Florida street addres John W. Moffitt 4449 SW Quiet F	Registered Office, & Registered Agent's Signal so own Registered Agent. You must designate an individual of the second se	SEP 20 PH
(The Limited Liability business entity with	y Company cannot serve as it an active Florida registration ae Florida street addres John W. Moffitt 4449 SW Quiet F	Registered Office, & Registered Agent's Signal so own Registered Agent. You must designate an individual of the second se	pothern SEP 20 P

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 (LQUIRED)

(CONTINUED)
Page 1 of 2

инниния

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

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

`	Title:		Name and Address:			
	"MGR" = Manager "MGRM" = Managi	ng Member				
	MGR		John W. Moffitt			
			4449 SW Quiet Place			
			Palm City, Florida 34990			
				·		
				 		
	(Use attachment if n	ecessary)		1A1 SE	201	
	CLE V: Effective date			OPEO	NAL)	
	ffective date is listed. O days after the date		ecific and cannot be more than five bu	isfness (dayš pri	ior
10 01 70		·		記る人	PH	(.i.)
	REQUIRED SIGN	ATURE:		FLOR	•••	
		1		ADA ADA	25	
		Joh Wi	Miller.			
	Sig	nature of a member or	an authorized representative of a member.			
	of		n 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)	;		
	J	ohn W. Moffitt				
		Typed	or printed name of signee			
	Elli E					

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)