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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN
NOV 3 0 2010
EXAMINER

COVER LETTER

Division of	on Section Corporations	,	
_{SUBJECT:} Jan	son Williams Cons	truction, LLC	
	Name of Limit	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all con	espondence concerning this mat	ter to the following:	
<u>Janson</u>	Williams		
		Name of Person	
		Firm Company	
		Titili Company	z., -
118 W.	Crackerswamp Roa	ad	O Z
		Address	至 2
	-N EL 20404		NS 25
East Pai	atka, FL 32131	y State and Zip Code	mo a l
JansonW	illiams@Yahoo.com	, rame and hip conv	CRETARY OF ST LAHASSEE, FLC
<u> </u>		for future annual report notification	
For further informat	ion concerning this matter, pleas	e call:	DC.
Janson Williar	ns	at 386 546-582	6
Na	me of Person	Area Code & Daytime T	elephone Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:
Janson Williams Constructi	on, LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
118 W. Crackerswamp Road	
East Palatka, FL 32131	A
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
The name and the Florida street address of	the registered agent are.
Janson Williams	SEZ P M
	Name Fig. 3
118 W. Cracke	erswamp Road et address (P.O. Box NOT acceptable)
Florida stre	eet address (P.O. Box NOT acceptable)
East Palatka	_{FL} 32131
Ci	ty, State, and Zip

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)

(CONTINUED)

Page 1 of 2

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

1 1 1

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

Title: "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGRM	Jacqueline A. Williams
	205 Citra Drive
	Palatka, FL 32177
MGRM	Janice Etheridge
	74 Palmer Street
	St. Augustine, Florida 32084
	Ot. Pediamo, Forda 02007
MGR	Janson Williams
-	118 W. Crackerswamp Road
	East Palatka, FL 32131
(Use attachment if necessar	EEO F STATE FOR 10 P
CLE V: Effective date, if oth	er than the date of filing:
REQUIRED SIGNATUR	E:
() ,	1 / . .

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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)