L1100012558

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

Office Use Only

G. MCLEOD

JAN 31 2011

EXAMINER



900192160939

01/31/11--01026--006 **125.00

DEPAIL TREATE OF STATE OTVISION OF CORPORATION TALLAHASSEE, FLORIDA

1 JAN 31 PH 12: 01

SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration S Division of Co		,	
SUBJECT: Trun	K Williams Name of Limit	Building + De	zign_
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Fran	nk Willian	ms	
	γ	Name of Person	
Frank	Williams 9	Name of Person Suilding + Des Firm/Company	zidn
	Shoter		
		Address	
Tall	ahussee !	Fl. 32312	
fwil	cit (iams 3086y	F1. 32312 Ty/State and Zip Code 4 hoo. com	
	E-mail address: (to be used)	for future annual report notification)	
For further information of	concerning this matter, please	e call:	
Frank Wi	Miams	at (305) 173-6 Area Code & Daytime Telep	660
Name (of Person	Area Code & Daytime Telep	none number
Enclosed is a check fo	r the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		pany is:					
Frank	Williams tend with the words "Limit	Buildi	no 4 De	sign L	LC		
(Musi	t end with the words "Limi	ited Liability Con	pany, "L.L.C.," or "L	.L.C.P.)			
ARTICLE II - Add The mailing address		of the principa	al office of the L	imited Liabi	lity Con	npan <u>ı</u>	y is:
Principal Office Ad	ldress:	<u>Ma</u>	iling Address:				
3307 Sho Talla huss	over Rol	_					
Talla has	586						
ARTICLE III - Reg (The Limited Liability Conbusiness entity with an ac The name and the Fl	ppany cannot serve as its of tive Florida registration.) orida street address Frunk 4 3307 5	of the register Name	red agent are:	ate an individua	JOHN STEEL SECRETARY OF ST	11 IAN 2 Du 19.	
	Tallahassee	•	32312			 9	
		_					

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): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (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.) ZILLIOMS Typed or printed name of signee

of Registered Agent.

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees: