

L11000088066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

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EXAMINER

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07/29/11--01011--008 **155.00

FILED
2011 JUL 29 PM 05:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780

July 26, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2011 JUL 29 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE; WILLIAM MEADE II, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780
321.480.9789

Sincerely,



Carol Allison

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I

WILLIAM MEADE II, LLC.

ARTICLE II

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7215 Briggs Ave.
Cocoa, Fl. 32927

Mailing Address:

7215 Briggs Ave.
Cocoa, Fl. 32927

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TALLAHASSEE, FLORIDA

FILED

ARTICLE III

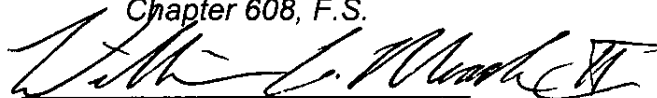
Registered Agent, Registered Office, & Registered Agent's Signature:
(You must designate an individual or another business with an active Florida registration)

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

William A. Meade II
7215 Briggs Ave.
Cocoa, Fl. 32927

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.



July 26, 2011

ARTICLE IV

Manager or Managing Member(s):

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

<u>Title</u>	<u>Name and Address</u>
"MGR"=Manager	
"MGRM"=Managing Member	
<u>MGRM</u>	<u>William A. Meade II</u> <u>7215 Briggs Ave.</u> <u>Cocoa, Fl. 32927</u>

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

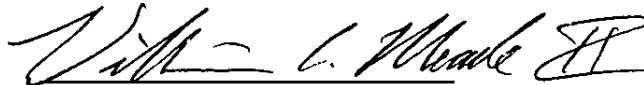
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ARTICLE V (Optional)

Effective date, if other than the date of filing: _____

(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:



07/26/2011 William A Meade II

(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.)