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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Christopher D. Williams, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher D. Williams Name of Person
Christopher D. Williams, LLC Firm/Company
10773 CR 683 D Address
Webster, FL 33597 City/State and Zip Code CWG DOD DID DY @ gmail. Com E-mail address: (to be used for future-annual report notification)
For further information concerning this matter, please call:
Christopher D. William Sat (352) 793-3884 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company curron serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.)

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

	Christopher D. Williams			
	Florida street address (P.O. Box NOT acceptable) Webster FL 33597 City, State, and Zip			
liability company a registered agent and a statutes relating to th	is registered agent and to accept service of process for the above at the place designated in this certificate, I hereby accept the ap- gree to act in this capacity. I further agree to comply with the ne proper and complete performance of my dutics, and I say for any of my position as regulated agent as provided for in Chapt	pointn prawie	nent a	is if all
	Anistopher I Williams (MIQUADIO)	では、	# AUG	CHT.
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Page 1 of 2

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

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Christopher D. Willia 10773 CR 683D Webster, FL 33597
MGRM	Tricia L. Williams 10773 CR 683D Webster, FL 33597
•	
(Use attachment if necessary)	

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

Christopher D. Williams

Filing Frent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)