

L11000098782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

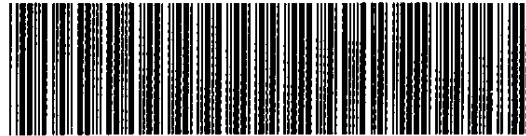
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200211281352

08/26/11--01038--002 \*\*125.00

FILED

11 AUG 26 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 29 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elizabeth City Recovery Expedition 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:

Bradley Williamson  
Name of Person

Elizabeth City Recovery Expeditions LLC  
Firm/Company

5900 Myrtle Drive  
Address

Ft. Pierce, FL 34982  
City/State and Zip Code

Brad @ Bradleywilliamson.com  
E-mail address: (to be used for future annual report notification)

FILED  
11 AUG 26 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bradley Williamson at ( 561 ) 512-7486  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Bradley Williamson  
5900 Myrtle Drive  
Ft. Pierce, FL. 34982  
(561)512-7486  
[Brad@BradleyWilliamson.com](mailto:Brad@BradleyWilliamson.com)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL. 32301  
(850) 245-6052

FILED  
AUG 26 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Monday, August 15, 2011

To Whom It May Concern,

I, Bradley Williamson, am the owner and President of Elizabeth City Recovery Expedition LLC. Unfortunately, like many businesses we suffered some very hard times and basically had to shut down our business. At this point in time I would like to start doing business again using the same business name.

Per this notarized document I am releasing the business name of Elizabeth City Recovery Expedition LLC and have included the documents to file my new corporation with the State of Florida and I would like to reclaim the name Elizabeth City Recovery Expedition LLC so I can use the name for my new business.

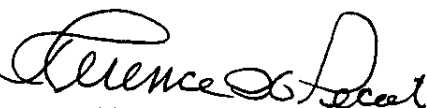
Sincerely,

Bradley Williamson  
Owner and President of Elizabeth City Recovery Project LLC



THUS DONE + SIGNED BEFORE ME, ON THIS THE  
15TH DAY OF AUGUST, 2011, IN NEW IBERIA,  
LOUISIANA (IBERIA PARISH)

LOUISIANA NOTARY #22228

  
NOTARY PUBLIC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Elizabeth City Recovery Expedition 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

5900 Myrtle Drive  
Ft. Pierce, FL  
34982

#### Mailing Address:

5900 Myrtle Drive  
Ft. Pierce, FL  
34982

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bradley Williamson  
Name

5900 Myrtle Drive

Florida street address (P.O. Box **NOT** acceptable)

Ft. Pierce, FL 34982  
City, State, and Zip

FILED  
AUG 26 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Blw

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Bradley Williamson  
5900 Myrtle Drive  
FT. Pierce, FL 34982

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

FILED  
AUG 26 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

BW  
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 third degree felony as provided for in s.817.155, F.S.)

Bradley Williamson  
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)**