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K. SALY EXAMINER

JUL 2 5 2013

(850) 245-6051.

## **COVER LETTER**

TO:		stration S sion of Co	Section orporations				
SUBJE	·CT.	Willia	am Edward Pi	urdy			
SUBJE	CI:			ed Liability Com	pany		
The en	closed	Articles o	f Organization and fee(s) are s	submitted for fili	ng.		
Please	return :	all corresp	ondence concerning this matte	er to the following	ng:		
	Wil	lliam	Purdy				
,				Name of Person			
				Firm/Company	·		
	17	69 F	our Mile Cove	Pkwy,	#914		
				Address			
	Ca	pe C	oral, FL 3399	0			
	<del></del>	<u> </u>		y/State and Zip Co	ode		
_	willia	ampur	dycbc@gmail.con				
			E-mail address: (to be used f	or future annual re	eport notification	n)	
For fur	ther in	ormation	concerning this matter, please	call:			
Wil	liar	n Pu	rdy	_ <sub>at (</sub> 239	<sub>,</sub> 645-	6691	
	•		of Person			Telephone Number	
Enclos	ed is	a check fo	or the following amount:				
<b>□</b> \$125.	00 Fil	ing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified C	_	\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is enc	ıs &
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Registr Divisio Clifton 2661 E	Courier Addration Section on of Corporate Building Executive Cent assee, FL 3230	ions er Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
William Edward Purdy, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1769 Four Mile Cove Pkwy, #914	1769 Four Mile Cove Pkwy, #914
Cape Coral, FL 33990	Cape Coral, FL 33990
The name and the Florida street address of the re William Purdy	ALL
Name	ress (P.O. Box NOT acceptable)
1769 Four Mile Cove Pkwy, #914	SSE
Florida street add	ress (P.O. Box NOT acceptable)
Cape Coral, FL 33990	FL ST
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacicall statutes relating to the proper and complete and accept the obligations of my position as regional Registered Agent's Signature.	•
(CONTINI	JED)

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	William Purdy
	1769 Four Mile Cove Pkwy, #914
	Cape Coral, FL 33990
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
(II	
(Use attachment if necessary)	e date of filing: (OPTION)
CLE V: Effective date, if other than the effective date is listed, the date mus	e date of filing: (OPTIONA it be specific and cannot be more than five busine
LE V: Effective date, if other than the	
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five busine
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	
ELE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
ELE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a manual transfer of a member of	er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)