

L1400009 7575-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

(Document Number)

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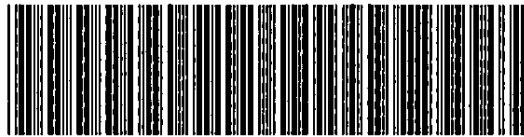
Special Instructions to Filing Officer:

JUN 18 2014

A. LUNT

W14-18974

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SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

2014 JUN 17 AM 9:34

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2014

MICHAEL D. WILLIAMS  
260 CLOVER COURT  
ST. JOHNS, FL 32259

SUBJECT: MICHAEL D. WILLIAMS, LLC.  
Ref. Number: W14000018974

We have received your document for MICHAEL D. WILLIAMS, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000057404 MICHAEL D WILLIAMS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 114A00006417

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STATE OF FLORIDA  
TALLAHASSEE, FL 32301

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michael David Williams, PLLC.  
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:

Michael David Williams  
Name of Person

Michael David Williams, PLLC.  
Firm/Company

260 Clover Court  
Address

Jacksonville, FL 32259  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael David Williams at ( 904 ) 708-0557  
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

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2014 JUN 17 PM 9:34  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Michael David Williams, PLLC.

(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:**260 Clover Court  
Jacksonville, FL 32259**Mailing Address:**260 Clover Court  
Jacksonville, FL 32259**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:

Michael David Williams

Name

260 Clover CourtFlorida street address (P.O. Box **NOT** acceptable)Jacksonville

City

FL 32259

Zip

*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 605, F.S..*

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 CLERK OF THE  
 CIRCUIT COURT  
 IN AND FOR  
 THE COUNTY OF  
 DUVAL, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Michael David Williams260 Clover CourtJacksonville, FL 32259

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JUL 17 2014

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(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.)

**ARTICLE VI:** Other provisions, if any.Real Estate is the nature of business.**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Michael David Williams

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)