## L15000169410

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 1647 BE Williamson A&E Limited Liability Company				
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:				
Name of Person				
Creadvisors				
Firm/Company				
1801 Lee Rd Suite 215				
Address				
Winter Park FI 32708				
City/State and Zip Code david@creadvisilc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
David Hammett 407 \$65-0468				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate o				
Mailing Address  New Filing Section  Division of Corporations  Street Address  New Filing Section  Division of Corporations				

P.O. Box 6327 Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited	d Liability Company is:				
	llamson A&E LLC. fust end with the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and	s: I street address of the principal o	ffice of the Limit	ed Liability Company is:		
Principal Office Address:			Mailing Address:		
1801 Lee Re Winter Prak	1 Suite 215 Fl 32789		801 Lee Rd Suite 218 Vinter Park F1 32789		
(The Limited Liability (	ered Agent. Registered Office, Company cannot serve as its own with an active Florida registratio	Registered Ager	gent's Signature: nt. You must designate an individual or		
The name and the Florid	la street address of the registered	agent are:			
	David Hammett	Name			
	1801 Lee Rd Suite 2 Florida street address		Caccentable)		
	Winter Park	Fl	32789		
	City	State	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.,

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIR

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR / MGR

Dustin D Dittmer

1553 winter springs blvd

winter springs 13 32708

(Use attachment if necessary)

ARTICLE V: 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.)

(If an effective date in inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Signature of a member or an authorized representative of a member. This document by executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.

**Dustin D Dittmer** 

Typed or printed name of signee

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

ARTICLE IV-

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