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☐ PICK-UP

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(Business Entity Name)

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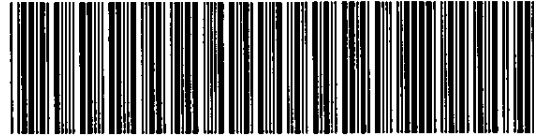
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Office Use Only

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R. SCOTT



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03/28/16--01004--014 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 28 AM 8:29

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ANDERSON 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:

Anderson Williams

Name of Person

ANDERSON WILLIAMS LLC

Firm/Company

8700 SOUTHSIDE BLVD Apt#611

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

akwilliams43@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anderson Williams

Name of Person

at ( 904 ) 415-3080

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANDERSON WILLIAMS 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:**

**Mailing Address:**

8700 SOUTHSIDE BLVD Apt#611  
JACKSONVILLE, FL 32256

8700 SOUTHSIDE BLVD Apt#611  
JACKSONVILLE, FL 32256

**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:

Anderson Williams

Name

8700 SOUTHSIDE BLVD Apt#611

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

JACKSONVILLE

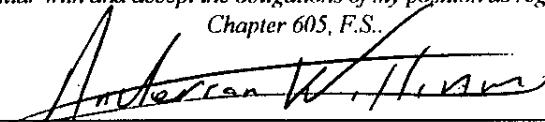
FL 32256

City

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)

16 MAR 28 AM 8:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED

**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:**

Anderson Williams

8700 SOUTHSIDE BLVD Apt#611

JACKSONVILLE, FL 32256

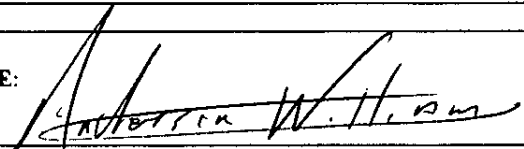
(Use attachment if necessary)

**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.

**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.)

Anderson Williams

Typed or printed name of signer

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

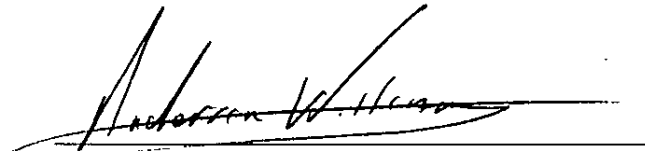
\$ 5.00 Certificate of Status (Optional)

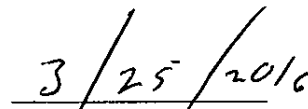
ANDERSON WILLIAMS LLC  
8700 SOUTHSIDE BLVD Apt#611  
JACKSONVILLE, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of ANDERSON WILLIAMS LLC:

Anderson Williams  
8700 SOUTHSIDE BLVD Apt#611  
JACKSONVILLE, FL 32256

  
Anderson Williams, Organizer

  
Date