

LL60001474A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

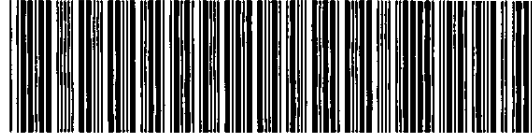
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300288468453

08/01/16--01006--016 **125.00

FILED

16 AUG -1 AM 9:39

FILED

**LEWIS
BRISBOIS
BISGAARD
& SMITH LLP**
ATTORNEYS AT LAW

633 West 5th Street, Suite 4000
Los Angeles, California 90071
Telephone: 213.250.1800
Fax: 213.250.7900
www.lewisbrisbois.com

STEVEN P. NOVAK
STEVEN.NOVAK@LEWISBRISBOIS.COM

July 28, 2016

VIA U.S. MAIL

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

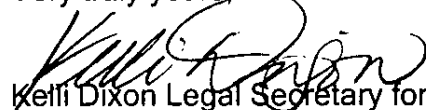
Re: William Carey LLC, Articles of Organization for Florida Limited Liability
Company-Filing Fee

To whom it may concern:

Please find enclosed cover letter for Articles of Organization for Florida Limited Liability Company, and check# 163901 in the amount of \$125.00 for payment of the filing fee.

Thank you for your courtesy with this matter.

Very truly yours,


Kelli Dixon Legal Secretary for
Steven P. Novak for

LEWIS BRISBOIS BISGAARD & SMITH LLP

SPN:kd
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: William Carey 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:

Steven Novak

Name of Person

Lewis Brisbois Bisgaard & Smith LLP

Firm/Company

633 West 5th Street, Suite 4000

Address

Los Angeles, CA 90071

City/State and Zip Code

nleduec@orlandoteam.com

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

For further information concerning this matter, please call:

Steven Novak

213

580-7948

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

William Carey 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:

10123 William Carey Dr
Orlando, FL 32832-6931

Mailing Address:

10123 William Carey Dr
Orlando, FL 32832-6931

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:

Norman Leduc

Name

10123 William Carey Dr

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

Orlando

FL

32832

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 AUG - 1 AM 9:38

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

AMBR

Name and Address:

Pioneers International, Inc.

10123 William Carey Dr

Orlando, FL 32832-6931

(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.)

Note: If the date 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.

REQUIRED SIGNATURE:



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

This document is 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.

Michael S. Constantino

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)