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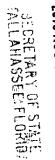
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: William Page L.L.C.  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:
William Page Name of Person
William Page L.L.C.
451 Champagne Circle Address
Port Orange Fl. 32127 City/State and Zip Code
City/State and Zip Code  VELOCOMATICAL
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Page at (386) 45/-5789  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \times S130.00 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

William	Page	Company, "L.L.C.," or "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 pr	rincipal office of th	ne Limited Liability Company is:
Principal Office Addr	ress:	Mailing Address:
451 Champaga	من م	SAME

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:

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

daress of the registered	50	n
_ Willi	am Pa	:9e
-	Name	
451 Ch.	ampagn	e Cir
Florida street addres	ss (P.O. Box <u>NOT</u> a	icceptable)
Port Ora.	uge Fl.	32127
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)

Page 1 of 2

2016 AUG 12 PH 3: 25 SECRETARY PER NEWS

(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  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.  William Page  Typed or printed name of signee	<u>Title:</u>		Name and Address:	
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