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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT:	Thomas D. Williams & Associa	ites, LLC		
SUBJECT.		of Limited Liabil	ity Company	
The enclose	d Articles of Organization and fee	(s) are submitted	for filing.	
Please return	n all correspondence concerning ti	his matter to the	following:	
	Thomas D. Williams			
-		Name of	Person	
-		Firm/Co	mpany	
	2446 SE 11th Street			
-		Addr	ess	
	Pompano Beach, Florida 33062			
ra	ampm2001@yahoo.com	City/State an	d Zip Code	
	E-mail address: (to be	used for future a	unnual report notification)	
For further in	formation concerning this matter,	please call:		
1	Thomas Williams	954 at (294-1763	
-	Name of Person	Area Code	Daytime Telephone Nun	nber
Enclosed is	a check for the following amount:			
\$125.00 Fili	ing Fee \$130.00 Filing Fee Certificate of State	ıs ——Certifi	ed Copy al copy is enclosed)	60.00 Filing Fee, ertificate of Status & ertified Copy litional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Division of Corporations	
	P.O. Box 6327		Clifton Building	
	Tallahassee, FL 32314		2661 Executive Center Circ	ie

Tallahassee, FL 32301

COVER LETTER

≇ TO :	New Filing Section Division of Corporations
SUBJE	Thomas D. Williams & Associates, LLC
30046	Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Thomas D. Williams
	Name of Person
	Firm/Company
	2446 SE 11th Street
	Address
	Pompano Beach, Florida 33062
	City/State and Zip Code rampm2001@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
	Thomas Williams 954 294-1763
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing Address Street Address New Filing Section New Filing Section Division of Corporations Division of Corporations B.O. Box 6327 Cition Building

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:			r 1 <u>1.</u>	50
The name of the Limited Liability Company is:		2	2017 FEB 13	PM 2: 23
Thomas D. Williams & Associates, LLC (Must contain the words "Limit	tad Liability Compr	,	Size is	FLORIS
(Must contain the words "Limit	red Liability Compa	iny, "L.L.C.," or "LLC")	The state of the same	∍ r EURHD≱
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Lim	ited Liability Company is	:	
Principal Office Address:		Mailing A	ddress:	
2446 SE 11th Street		2446 SE 11th Street		
Pompano Beach, Florida 33062		Pompano Beach, Florida	33062	_
				<u> </u>
another business entity with an active Florida registrement of the	ered agent are:			
THORIAS D. WITH	Name		_	
244C SE 114 San				
2446 SE 11th Str Florida street add	lress (P.O. Box <u>NO</u>	T acceptable)	-	
Pompano Beach	Florida	33062	_	
City	State	Zip		
Having been named as registered agent and to accept solace designated in this certificate, I hereby accept the defurther agree to comply with the provisions of all statute am familiar with and accept the obligations of my posited the control of t	appointment as regi es relating to the pro ion as registered ag	stered agent and agree to oper and complete perform	act in this capac nance of my duti	city. I
	(CONTINUE	CD)		

"MGR" = Manager AMBR Thomas D Williams 2446 SE 11th Street Pompano Beach, Florida 33062 (Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be attended by the content of the content of State's records. (LE 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. Thomas D Williams Typed or printed name of signee Filling Fees:		minad Manukan	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records. CLE 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 States constitutes a third degree felony as provided for in s.817.155, F.S.			Thomas D Williams
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)