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2017 APR 27 AN IO: 12

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Williams 3 Sons Home 3 Yard Renovations 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:				
Sebastian Jones Name of Person Williams 3 Song Home i Yard Renovations Firm/Company				
Address				
Supiter 1 33458 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Schaffon Jones at (904) 325 8238 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Williams & Sons	Home 3	Yad Benovations L.L.C any, "L.L.C.," or "LLC.")
(Must contain the words "Limited I	iability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limi	nited Liability Company is:
Principal Office Address: 6886 2055 Supiter F1		Mailing Address: 6886 2015+ Supiter F-1
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Age	Agent's Signature: ent. You must designate an individual or
The name and the Florida street address of the registered		
- Bannie W	<u>illiams</u>	·
	Name	
6886) NSt	
Florida street address		OT acceptable)
Supiter	71	33458
City	State	Zip
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appo		

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)

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

Filing Fees:

Debastian V. Bones 3. R.
Typed or printed name of signee

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

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

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