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(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## COVERLETTER

New Filing Section Division of Corporations

TO:

SUBJECT: Dewayne William Name of Limited Liabil	ns Masoncy lity Company			
The enclosed Articles of Organization and fee(s) are submitted	i for filing.			
Please return all correspondence concerning this matter to the	following:			
	e Williams  Person			
<del></del>	· · · · · · · · · · · · · · · · · · ·			
2345 Notural	wells RD,			
Tallahassee fl City/State as	, 37305			
Gity State a	nd 7.1p Code			
E-mail address: (to be used for future	annual report notification)			
For further information concerning this matter, please call:				
at (	_)			
Name of Person Area Code	Daytime Telephone Number			
Enclosed is a check for the following amount:				
Certificate of Status Certificate	1.00 Filing Fee & S160.00 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  Oliving Publishers				
P.O. Box 6327 Clifton Building Tallahassee FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must/contain the words "Limited Liability Company, "L.L.C.," or "LUC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:			Mailing Address:
2345 NOT	1010 Wel 32305	115 RD,	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	i Registered Agent	ent's Signature: . You must designate an individual or
The name and the Florida street a	ddress of the registere	d agent are:	
Emory	Dewayne	William Name	<u>.s</u> _
	2345 No		<del></del>
	Tall.	FI.	323 <i>95</i>
	City	State	Zip
place designated in this certificate, further agree to comply with the pr	I hereby accept the apportisions of all statutes t	pointment as registe relating to the prop	the above stated limited liability company at the ered agent and agree to act in this capacity. I er and complete performance of my duties, and I et as provided for in Chapter 605, F.S
	Regis	stered Agent's Sign	nature (REQUIRED)

(CONTINUED)

The name and address of each person authorized	d to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Emory Dewayne Williams 2345 Matural Wells RD
MgR MgR	Tail F1 32305
(Use attachment if necessary)	
he date of filing.)	and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	emayer Work
This document is executed in I am aware that any false infor	or an atthorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)