(Requestor's Nan	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Numb	per)
Certified Copies Certification	ates of Status
Special Instructions to Filing Officer:	

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

RANDALL W. WILLIAMS 150 13TH AVENUE NORTH JACKSONVILLE BEACH. FL 32250

SUBJECT: EXCELLENCE PAINTING LLC

Ref. Number: W18000080976

We have received your document for EXCELLENCE PAINTING LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

ADDING THE WORD "COMPANY" WILL NOT CHANGE THE ENTITY NAME. PLEASE REFER TO THE F.S. 605.0112 IF YOU HAVE ANY QUESTIONS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 818A00024102

COVER LETTER

	New Filing Section Division of Corporations					
SUBJEC	Excellence Painting of Northeast I	Florida, LLC				
300410		Name of Limited Liability Company				
The encl	osed Articles of Organization and fee(s) are submitted	for filing.			
Please re	turn all correspondence concerning this	matter to the fe	ollowing:			
	Randall W Williams					
		Name of	Person			
	Excellence Painting of Northeast Fl	orida				
		Firm/Co	mpany			
	150 13th Avenue North Suite C					
		Addre	ess			
	Jacksonville Beach, Florida 32250					
	ranwillphd@gmail.com	City/State and	1 Zip Code		- 	
	E-mail address: (to be u	sed for future a	nnual report notificat	ion)		
For further	information concerning this matter, pl	ease call:				
	Randy Williams	904	507-9221			
	Name of Person	Area Code	Daytime Telephor	ne Number		
Enclosed	is a check for the following amount:					
] \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	└─ Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Fil Certificate Certified Co (additional co	of Status &	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle	18 DEC -3 AM 6	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	iin the words "Limited Li	aomy Company,	b.b.o., or bloc.		
ARTICLE II - Address: The mailing address and street ac	ddress of the principal off	ice of the Limited I	iability Company is:		
Principal Office Address:			Mailing Address:		
150 13th Avenue Not	th		150 13th Avenue North		
Suite C			Suite C		
Jacksonville Beach, F	·L 32250	Jackso	onville Beach, FL 32250		
he name and the Florida street a	address of the registered a	igent are;			
he name and the Florida street a	Randall W Williams	egent are;			
The name and the Florida street a	Randall W Williams	Name	 		
the name and the Florida street a	Randall W Williams	Name n Suite C	eeptable)		
the name and the Florida street a	Randall W Williams 150 13th Avenue North	Name n Suite C	ceptable)		
he name and the Florida street a	Randall W Williams 150 13th Avenue North Florida street address	Name n Suite C [P.O. Box <u>NOT</u> acc	•		
ace designated in this certificate, ther agree to comply with the pr	Randall W Williams 150 13th Avenue North Florida street address of Jacksonville Beach City I gent and to accept service I hereby accept the appoint ovisions of all statutes relatives.	Name Suite C [P.O. Box NOT acc Florida State of process for the continent as registered atting to the proper of the proper	32250		

(CONTINUED)

18 DEC -3 AM 6: 20

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Randall W Williams
WWW.	150 13th Avenue North Suite C
	Jacksonville Beach, FL 32250
MGR	Kristie G. Williams
	150 13th Avenue North Suite C
	Jacksonville, FL 32250
	
(Use attachment if necessary)	
the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as it of State's records.
REQUIRED SIGNATURE:	lale W-Willows
This document is exec	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
Randall W Will	
	Typed or printed name of signee
	Filling Fees:
	rganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Option	mal) · · · · · · · · · · · · · · · · · · ·