

L19000122313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

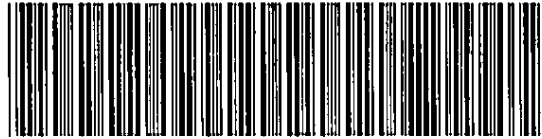
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/01/19--01022--027 \*\*160.00

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DUE TO RETURNED CHECK

FILED  
2019 MAY -1 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 13 2019

K. Brumbley

FEIN=83-1159948

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Williams Trucking & Landscaping LLC  
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:

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Jimmy T. Williams

Name of Person

Williams Trucking & Landscaping LLC

Firm/Company

1803 Corporate Center Lane

Address

Plant City, Florida 33563

City/State and Zip Code

Williams TR 6297atgmail.Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy T. Williams

Name of Person

863  
Area Code

510-3039  
Daytime Telephone Number

Enclosed is a check for the following amount:

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\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$160.00 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

FEIN-83-1159748

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Williams Trucking & Landscaping LLC  
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1803 Corporate Center Lane 409 Avenue M N.E.  
Plant City, Florida 33563 Winter Haven, Florida 33881

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:

~~Jimmy T. Williams~~ Willie J. Williams  
Name

409 Avenue M N.E.  
Florida street address (P.O. Box **NOT** acceptable)

Winter Haven Florida 33881  
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.

~~Jimmy T. Williams~~ Willie J. Williams  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

<u>Jimmy T. Williams</u>	<u>Title</u> <u>President</u>	<u>409 Avenue M N.E.</u> <u>Winter Haven, Florida 33881</u>
<u>Willie J. Williams</u>	<u>Title</u> <u>Chairman</u> <u>Vice President</u>	<u>409 Avenue M N.E.</u> <u>Winter Haven, Florida 33861</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/25/19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Willie J. Williams

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.

Willie J. Williams

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)