11900228432

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

M. MOON SEP 1 9 2019



800316642148

08/13/18--01034--023 **150.00

FILED

19 SEP 18 AM 9: 03

SECRETARIES TO SERVE



Unity Homes 115 Woodbine Lane Hawthrone, Fl. 32640

352-266-7728

September 18, 2019

Matthew Moon Supervisor, Bureau of Commercial Recording Division of Corporations Florida Department of State

Dear Mr. Moon.

Thank you for responding to my request this letter is a consent letter lask you to go ahead and file the LLC as a new LLC under the name Unity Homes, LLC with while the INC is still active and then by the 3rd Friday in September 2019 the INC will be administratively dissolved. Please let me know when you have made the change. My Document Number is W 18000073895.

Thank you,

Rufus Williams

Owner

19 SEP 18 AM 9: 03

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Unity Homes, LLC.	
	sulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other iability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
Rufus Williams	
(Contact Person)	
unity Homes, LLC	
(Firm/Company)	
115 Woodbine Lane	
(Address)	
Hawthrone Fl. 32640	
(City, State and Zip Code)	
wrrjsbw@bellsouth.net	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
Rufus Williams	at (352)266-7728
(Name of Contact Person)	at (352)266-7728 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•	
The name of the Elimed Elaconty Company is.	•	
Unity Homes, LLC		
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
115 Woodbine Lane		
Hawthrone, Fl. 32640		
		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Age stered Agent, You must designate an in	nt's Signature: ndividual or another
The name and the Florida street address of the	registered agent are:	
Rufus Williams		
Nam	e	
115 Woodbine Lane		
Florida street address (P.C	D. Box NOT acceptable)	
Hawthrone	FL 32640	
City	FL 32640 Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as re-	n this certificate, I hereby acc city. I further agree to compl performance of my duties, an	ept the appointment as y with the provisions of all nd I am familiar with and
RULLAN WILL	Romai	-
Registered Agent's Sig	mature (REQUIRED)	19 SEP SECRET
(CONTIN	NUED)	PIB AM 9

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Rufus Williams
	115 Woodbine Lane
	Haawthrone, Fl. 32640
	•
(Use attachment if necessary)	
TLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	ma illi
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu- as previded for in s.817.155, F.S. Rufus Williams	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the iment to the Department of State constitutes a third degree fellower.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document previded for in s.817.155, F.S. Rufus Williams	

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)