

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GALBRAITH, PLLC
Account Number : 120180000019
Phone : (239) 325-2300
Fax Number : (239) 325-1065

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: APAU@GALBRAITH.LAW

FLORIDA LIMITED LIABILITY CO.
MIKKI WILLIAMS CHAIR, LLC

FEB 13 2020

T. SCOTT

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIKKI WILLIAMS CHAIR, 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:23861 COSTA DEL SOL ROAD, UNIT #102
ESTERO, FL 34135-1768Mailing Address:23861 COSTA DEL SOL ROAD, #102
ESTERO, FL 34135-1768

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:

GALBRAITH STATUTORY AGENT, LLC

Name

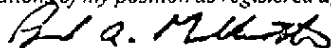
9045 STRADA STELL COURT, #106Florida street address (P.O. Box **NOT** acceptable)NAPLESFL34109

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.

_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MIKKI WILLIAMS

23861 COSTA DEL SOL ROAD, UNIT #102

ESTERO, FL 34135-1768

Figure 1

.....

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

And a. M. M. M.

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.

BRAD A GALBRAITH

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)

S 5.00 Certificate of Status (Optional)

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