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COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: B	and L Willia Name of Lim	ited Liability Company	C 1 12 1 12 1 10 10 10 10 10 10 10 10 10 10 10 10 1
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	(
Please return all correspondent	ondence concerning this made	tter to the following:	2.4 2.4
	Brandon L	Name of Person	 ల
		Firm/Company	<u></u>
	2509 25th	Street	
		Address	· ·
4	Vitro WV a	25143	
	Gi brandonwill E-mail address: (to be used	25 143 ty/State and Zip Code ams 1483@icloud for future annual report notificati	d. Com
For further information co	oncerning this matter, please	call:	
Brandor Nam	NWilliams at (at (at (at (at (304) 382 - 68 - 68 - 68 - 68 - 69 - 69 - 69 - 69	76 Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	2\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ng Address	Street Address New Filing Section Di	vision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Band L Williams Gro (Must contain the words "Limited Liability)	ty Company M. I. C. " or M. I. C. ")	279 K 24 PK
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:	 بر: س
Principal Office Address:	Mailing Address:	<u>_</u>
2509 25th Siveet	2509 25th Street	
NITO WV 25143	Nitro WV 25143	
Beth Wi Name 5050 SW84		
	Box NOT acceptable)	
Florida street address (P.O. I	\sim	
Florida street address (P.O. I OCALA F	-L 344 16	
<u>Ocala</u> F	State Zip	
Ocala F	State Zip Process for the above stated limited liability comp In as registered agent and agree to act in this ca to the proper and complete performance of my o	pacity. I hities, and i

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
	uthorized Member
"MGR" = Ma	. 7
	2614 Jana Street
	Nitro W 251-3
A a a a	
AMP	1/300 44.14001.13
	2509 25th Street Nilha W 25143
	Nito W 25143
-	
(Use attachme	ent if necessary)
If an effective date is I he date of filing.) Note: If the date inser	e date, if other than the date of filing: $0 - 2$. (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 90 days after ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as we date on the Department of State's records.
ARTICLE VI: Other pi	ovisions, if any.
REQUIRED	SIGNATURE:
	REMINI 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.
	Brandon 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)