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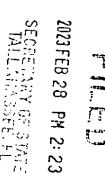
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S. CHATHAM MAR - 1 2023





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 5311/58 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: February 27, 2023 ORDER TIME : 9:0 AM ORDER NO. : 531153-001 CUSTOMER NO: 8406957 DOMESTIC FILING WILLIAMS INTERNATIONAL LIMITED NAME: LIABILITY COMPANY EFFECTIVE DATE: ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP \_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

## **COVER LETTER**

	w Filing Sec vision of Cor			
SUBJECT:	Williams Ir	nternational Limited Liabli	ity Company	
SUBJECT		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Organization and fee(s) are	e submitted for filing.	
Please retur	n all correspo	ondence concerning this ma	atter to the following:	
	Libby Willia	ms		
	***		Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
	8360 Heritag	e Links Court #2111		
			Address	
	Naples, FL 3	4112		
1	ibbycwilliam	C s@gmail.com	ity/State and Zip Code	
<del></del>			for future annual report notificat	ion)
For further in	formation co	ncerning this matter, please	e call:	
]	Libby Willian	ns 30 at (		
-	Nam	· · · · · · · · · · · · · · · · · · ·	rea Code Daytime Telephor	ne Number
Enclosed is	a check for th	ne following amount:		
<b>□\$</b> 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)
	Mailin	g Address	Street Address	

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

Street Address
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

ARTICLE 1 - Name:

Williams Internationa	al Limited Liability Con	mnany				
	tin the words "Limited l		"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited	Liability Company is:			
Principa	al Office Address:		Mailing Add	ress:		
8360 Heritage Links Court #2111 Naples, FL 34112			8360 Heritage Links Court #2111 Naples, FL 34112			
ARTICLE III - Registered Age (The Limited Liability Company	ent, Registered Office,	& Registered Age	nt's Signature: Vou must designate an in	رح اdividaal o	≃	
another business entity with an a	active Florida registration address of the registered	n.) I agent are:	rou must designate an m	ORETARY :	3 FEB 28	
another business entity with an a	ective Florida registratio	n.) I agent are:	Tou must designate an in	ORETARY OF S ALL MASSEE	3FEB 28 PM	
another business entity with an a	active Florida registration address of the registered	on.) I agent are:  S Name Court #2111		ORETARY OF STATE ALLAHASSEE, FL	3 FEB 28	
another business entity with an a	active Florida registration address of the registered Elizabeth C. William 8360 Heritage Links	on.) I agent are:  S Name Court #2111		ORETARY OF STAT ALLIMASSEE, FL	3FEB 28 PM 2: 2	-
another business entity with an a	address of the registration Elizabeth C. William  8360 Heritage Links Florida street address	on.) I agent are:  S  Name  Court #2111 S (P.O. Box NOT a	cceptable)	ORETARY OF STAT ALLIMASSEE, FL	3FEB 28 PM 2: 2	

(CONTINUED)

## 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 AMBR James C. Williams 8360 Heritage Links Court #2111 Naples, FL 34112 (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. **REOUIRED SIGNATURE:**

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.

James C. 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)