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3-19-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

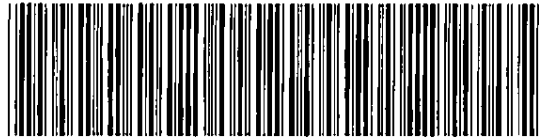
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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CLERK OF STATE
TREASURY

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: B.L.C. Brush and Debris Removal, 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:

Brian Keith Williams

Name of Person

B.L.C. Brush and Debris Removal, LLC

Firm/Company

P.O. Box 2118

Address

Interlachen, FL 32148

City/State and Zip Code

captainbrian1964@gmail.com

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

For further information concerning this matter, please call:

Brian Keith Williams 904 923-2685

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B.L.C. Brush and Debris Removal, 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:

121 15th St
Interlachen, FL 32148

Mailing Address:

P.O. Box 2118
Interlachen, FL 32148

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:

Brian Keith Williams

Name

121 15th St

Florida street address (P.O. Box **NOT** acceptable)

<u>Interlachen</u>	<u>Florida</u>	<u>32148</u>
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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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:

AMBR

Brian Keith Williams

121 15th St

Interlachen, FL 32148

(Use attachment if necessary)

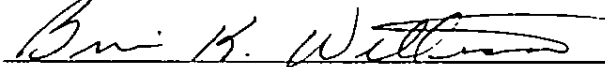
ARTICLE V: Effective date, if other than the date of filing: 1 January 2025. (OPTIONAL)

(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:



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.

Brian Keith Williams

Typed or printed name of signer

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)

TIMOTHY KEYSER

ATTORNEY AT LAW, P.A.

Post Office Box 92
Interlachen, Florida 32148

Street Address:
501 Atlantic Avenue
Interlachen, Florida 32148

Telephone: 396-684-4673
E-Mail: Keyser.legal@gmail.com

4 March 2025

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

FILED
DEPT. OF STATE
25 MAR 10 PM 6:23

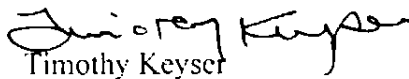
Re: Filing of Articles of Organization for Florida Limited Liability Company for B.L.C.
Brush and Debris Removal, LLC

Dear Reader,

Enclosed is a Cover Letter, an original Articles of Organization for Florida Limited Liability Company, and a check totaling \$155.00 for the filing fee and Certified Copy. A return envelope is enclosed for your convenience.

Thank you in advance for your assistance.

Sincerely,


Timothy Keyser

TK/mdw
Enclosures
c: Client

