

U03000043296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

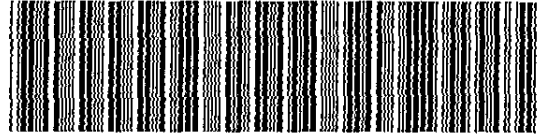
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/03--01080--001 **100.00

10/29/03--01068--017 **25.00

U03-43296
FILED
OCT 31 7 11 45
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 30, 2003

CHARLES CLARK
5805 SOUTHPORT DRIVE
PORT ORANGE, FL 32127

SUBJECT: CLARK AND CHAMBERLIN LLC
Ref. Number: W03000029540

We have received your document for CLARK AND CHAMBERLIN LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 203A00059102

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV - 7 PM 4:54

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARK AND CHAMBERLIN 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:

CHARLES K CLARK

(Name of Person)

CLARK AND CHAMBERLIN LLC

(Firm/Company)

5805 SOUTHPORT DRIVE

(Address)

PORT ORANGE, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles K Clark

(Name of Person)

at (888) 298-0666

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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CORPORATIONS
TALLAHASSEE, FLORIDA

NOV-7 PM 4:51

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 13, 2003

CHARLES CLARK
5805 SOUTHPORT DRIVE
PORT ORANGE, FL 32127

SUBJECT: CLARK AND CHAMBERLIN LLC
Ref. Number: W03000029540

We have received your document for CLARK AND CHAMBERLIN LLC and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 103A00055799

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TALLAHASSEE, FLORIDA
OCT 14 2003

103A00055799
OCT 14 2003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CLARK AND CHAMBERLIN LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:70 FAULKNER STREET
SUITE 7
NEW Smyrna BEACH, FL 32168**Mailing Address:**5805 South Port Drive
PORT ORANGE FL 32127**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Charles K Clark
Name
5805 South Port Drive
Florida street address (P.O. Box **NOT** acceptable)
PORT ORANGE FL 32127
City, State, and 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 608, F.S.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CHARLES K CLARK

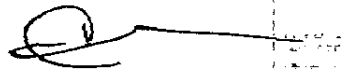
5805 SouthPort Drive

PORT ORANGE, FL 32127

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Charles K Clark

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
NOV 7 2014
CLARK