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up

TRANSMITTAL LETTER

TO:
Registered Section
Division of Corporations

SUBJECT: OTAK PFC, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorraine D. Wells
Name of Person

North Jax Legal Clinic
Firm (Company Name)

9885-2 Lem Turner Road
Address

Jacksonville, Florida 32208
City, State, and Zip Code

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For further information concerning this matter, please call:

John H Kato at (904) 225-4877
Name of Person Area Code & Daytime Phone Number

Street Address	Mailing Address
Registration Section	Registration Section
Division of Corporations	Division of Corporation
409 E. Gaines Street	P. O. Box 6327
Tallahassee, Florida	Tallahassee, Florida
32314	32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

OTAK PFC, LLC.

ARTICLE II

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

Principal Office Address
85216 Deleene Road, Yulee, Florida 32097

Mailing Address
P. O. Box 1689, Yulee, Florida 32047-1689

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:

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

JOHN H. KATO

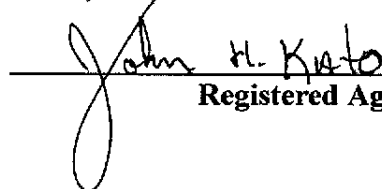
Name

85216 Deleene Road
Florida Street Address

Yulee, Florida 32097
City, State, Zip

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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, Florida Statutes.



Registered Agent's Signature

ARTICLE IV

Manager(s) of Managing Member(s)

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

TITLE

NAME AND ADDRESS

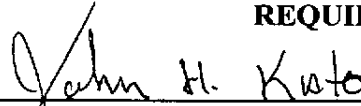
**MGR
Manager**

JOHN H. KATO
85216 Deleene Road, Yulee, Florida 32097

**MGRM
Managing
Member**

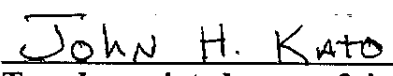
ANNA G. KATO
85216 Deleene Road, Yulee, Florida 32097

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.)



Typed or printed name of signee

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