

Document Number Only

**L010000 D16200**

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

200004604192--5  
-09/21/01--01013--021  
\*\*\*\*125.00 \*\*\*\*125.00

*John K. Lack Co., LLC*

- ☐ Profit  
☐ NonProfit  
☒ Limited Liability Company  
☐ Foreign

- ☐ Amendment  
☐ Dissolution/Withdrawal

- ☐ Merge  
☐ Mark

- ☐ Limited Partnership  
☐ Reinstatement

- ☐ Annual Report  
☐ Reservation

- ☐ Other  
☐ Change of Name  
☐ Fictitious Name  
☐ CUS/ G/S

- ☐ Certified Copy

- ☐ Photo Copies

- ☐ Call When Ready  
☒ Walk In  
☐ Mail Out

- ☐ Call if Problem  
☐ Will Wait

- ☐ After 4:30  
☒ Pick Up

RECEIVED  
01 SEP 21 AM 11:13  
DIVISION OF CORPORATION  
FLORIDA  
01 SEP 21 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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3:00

Thanks, Melanie  
222-1092

*JB*  
9-21-01

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

John K. Lark Co., LLC

## ARTICLE II - Address:

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

27110 Jone's Loop, No. 189, Punta Gorda, FL 33982

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

C T Corporation System  
Name  
c/o CT Corporation System, 1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation FL 33324  
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..*

C T Corporation System  
Jennifer L. Gollbach  
Registered Agent's Signature **Asst. Secretary**

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

George Clausen  
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.)

GEORGE CLAUSEN

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)

01 SEP 21 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILED