

LO3000006404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

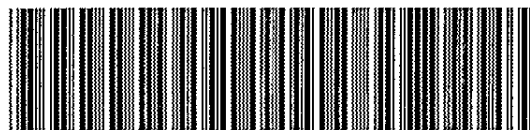
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/20 FL LLC

Office Use Only



700012699537

02/20/03--01027--001 **125.00

MJH

FILED
03 FEB 20 PM 4:02
CLERK OF COURT
CLERK OF COURT

**BOWMAN
LAW
FIRM**

J. Bruce Bowman
Attorney at Law

Board Certified
Civil Trial Lawyer

Certified Circuit Mediator

February 17, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed please find my Articles of Organization for a Limited Liability Company (Bowman Law Firm, LLC). Also, I have enclosed a check in the amount of \$125 for the Filing Fee and the Designation of Registered Agent. If you need any additional information, please do not hesitate to call.

Sincerely,



J. Bruce Bowman

bowmanlawfirm.com

4400 E. Highway 20,
suite 211
P.O. Box 5217
Niceville, Florida 32578
(850) 897-9900
Fax: (850) 897-9901

Toll Free
(800) 720-9920

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Bowman Law Firm, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
4529 Parkview Lane
Niceville, FL 32578

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

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

J. Bruce Bowman

Name

4529 Parkview Lane

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

Niceville,

FL 32578

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

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

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.)

J. Bruce Bowman

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
03 FEB 20 PM 4:02
CLERK OF CIRCUIT COURT
ALACHUA COUNTY FLORIDA