

L03000041518

(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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TALLAHASSEE, FLORIDA

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03 OCT 28 PM 3:54  
TALLAHASSEE, FLORIDA

BK

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- BOWEN LAND, LLC
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

☒ Walk-in      ☐ Pick-up time ASAP      ☒ Certified Copy  
☐ Mail-out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
BOWEN LAND, LLC,  
A Florida Limited Liability Company**

FILED  
03 OCT 28 PM 3:54  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I**

**Name**

The name of this Company shall be *BOWEN LAND, LLC*.

**ARTICLE II**

**Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III**

**Mailing and Street Address**

The mailing address of the Company is Post Office Box 218, Haines City, Florida 33845, and the street address is 500 Firetower Road, Haines City, Florida 33844.

**ARTICLE IV**

**Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: Gilbert Bowen, 500 Firetower Road, Haines City, Florida 33844.

**ARTICLE V**  
**Admission of Additional Members;**  
**Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company.

**ARTICLE VI**  
**Right to Continue Business**

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected in writing within ninety (90) days of the occurrence of such event by any remaining Member.

**ARTICLE VII**  
**Management by Members**

The Company will be managed by its Member(s). The name and address of the initial Managing Member is: Gilbert Bowen, Post Office Box 218, Haines City, Florida 33845.

**ARTICLE VIII**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

**ARTICLE IX**  
**Informal Action of Members**

Any action of the Members may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

**ARTICLE X**  
**Transferability of Member's Interest**

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 27<sup>th</sup> day of October, 2003.

  
\_\_\_\_\_  
GILBERT BOWEN

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of October, 2003, by **GILBERT BOWEN**, who [☒] is personally known to me or [☐] produced \_\_\_\_\_ as identification.

(SEAL)

  
\_\_\_\_\_  
NOTARY PUBLIC

Print Name of Notary: Jackie S. Hoverkamp  
My Commission # CC976278 EXPIRES November 19, 2004  
BONDED THRU TROY FAIN INSURANCE, INC.

## **STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.


  
GILBERT BOWEN

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 27<sup>th</sup> day of October, 2003, by **GILBERT BOWEN**, who [☒] is personally known to me or [☐] produced \_\_\_\_\_ as identification.

(SEAL)

  
NOTARY PUBLIC

 Jackie S. Hoverkamp  
Print Name of Notary MY COMMISSION # CC976278 EXPIRES  
November 19, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires: