

W04 0000 20637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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W04-20637

EFFECTIVE DATE

3-1-04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 10, 2004

NORMAN BONE
12422 JOVE TERRACE
PORT CHARLOTTE, FL 33981

SUBJECT: NORMAN BONE, LLC
Ref. Number: W04000009651

We have received your document for NORMAN BONE, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 27, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days 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: 604A00016058

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16 FEB 27 PM 4:34
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORMAN BOWE 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:

NORMAN BOWE
(Name of Person)

NORMAN BOWE LLC
(Firm/Company)

12422 JONIE TERRACE
(Address)

PORT CHARLOTTE, FL. 33981
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN BOWE at (941) 697-5452
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

"NORMAN BOWE, LLC"

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12422 JOVE TERRACE, PORT CHARLOTTE
FLORIDA 33981

SAME

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

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

NORMAN BOWE

Name

12422 JOVE TERRACE

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

PORT CHARLOTTE FLORIDA 33981

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, Florida Statutes..

Norman Bowe

Registered Agent's Signature

EFFECTIVE DATE

3-1-04

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

NORMAN BOWE
12422 JOVIE TERRACE
PORT CHARLOTTE, FL. 33981

(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.)

NORMAN BOWE
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)

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TALLAHASSEE, FLORIDA

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ARTICLE V - EFFECTIVE DATE OF LLC:

The effective date of the Limited Liability Company is March 01 , 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT

I, Norman Bone, hereby state that I own 100% of the membership of "Norman Bone, LLC".

Norman Bone
Signature

02/20/04
Date

NOTARY STATE OF FLORIDA, COUNTY OF Sarasota

Sworn to and subscribed to me this 20th day of February, 2004 by Norman Bone

Personally known X or Produced Identification Type of Identification Produced

NOTARY SIGNATURE Dianne L. Savage My Commission Expires



Dianne L. Savage
Commission #DD262091
Expires: Dec 19, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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