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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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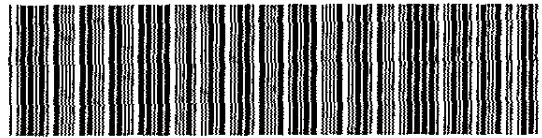
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 29 PM 12:57
SECURITY
TALMADGE FL 0704

LO4-25826
Cfl

March 10, 2004

Department of State
Corporate Records Division
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

Enclosed please find Articles of Organization for Bruce Locke, LLC, along with a check in the amount of \$125.00 for filing fee and designation of registered agent.

Also enclosed is a copy of the Articles. Please return this to me with the filing date stamped on it to the address below:

Patrick W. Robson
150 - 153rd Avenue Suite 301
Madeira Beach, Florida 33708

If there are any questions, please feel free to contact me at (727) 399-0385. I appreciate your help in this matter.

Thank you,



Patrick W. Robson

Enclosures

04 MAR 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bruce Locke 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:

Patrick W. Robson
(Name of Person)

(Firm/Company)

150 - 153rd Avenue, Ste. 301
(Address)

Madeira Beach, FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol A. Valdes at (727) 399-0385
(Name of Person) (Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 APR 29 PM 12:59

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRUCE LOCKE, LLC

ARTICLE II - Address:

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

Principal Office Address:

12037 Murray Avenue

Largo, FL 33778

Mailing Address:

12037 Murray Avenue

Largo, FL 33778

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

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

Bruce Locke

Name

12037 Murray Avenue

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

Largo, FLORIDA 33778

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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) 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:

MGRM

Bruce Locke

12037 Murray Avenue

Largo, Florida 33778

(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.)

Bruce Locke

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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