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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR 19 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN T. BLANK, 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:

JOHN T. BLANK
(Name of Person)

JOHN T. BLANK
(Firm/Company)

813 WAKULLA ARCAN RD.
(Address)

CRAWFORDVILLE, FLA 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHN T. BLANCH, LLC.

ARTICLE II - Address:

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

Principal Office Address:

813 WAKULLA ARCADE,
CRAWFORDVILLE, FL,
32327

Mailing Address:

SAME

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

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

JOHN T. BLANCH

Name

813 WAKULLA ARCADE

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

CRAWFORDVILLE FL 32327

City, State, and Zip

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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..

John T. Blanch

Registered Agent's Signature

(CONTINUED)

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

"MGR"

"MGRM"

"MGRM"

"MGRM"

Name and Address:

JOHN T. BLANK
813 WAXILLA AVE/PAV RD.
CRAWFORDVILLE FLA
32327

WILLIAM REINHARDT
353 BEECHWOOD DR.
CRAWFORDVILLE FLA

JACK FLAHERTY
125 FONTAINE CIRCLE
CRAWFORDVILLE FLA
32327

RON WILLIAMS
112 HAWK AVE DR.
CRAWFORDVILLE FL
32327

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

John T. Blank
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.)

JOHN T. BLANK
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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