

L04000050143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

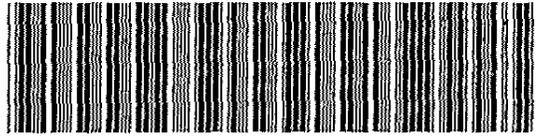
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J & C Clark Properties, 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:

David J. Wellman, Esq.  
(Name of Person)

David J. Wellman, P.C.  
(Firm/Company)

40701 Woodward, Suite 50  
(Address)

Bloomfield Hills, Michigan 48303-2028  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

David J. Wellman, Esq. at ( 248 ) 645-9300  
(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

# Colombo & Colombo

CHARLES A. LEFEVRE  
JOHN P. HARTWIG  
LAWRENCE F. RANISZESKI  
MICHAEL J. O'SHAUGHNESSY  
ERIC R. BOWDEN  
ANDREW J. HUBBS  
ALYCIA A. PALLACH

A PROFESSIONAL CORPORATION  
ATTORNEYS AND COUNSELORS AT LAW  
40701 WOODWARD AVENUE, SUITE 50

P.O. BOX 2028  
BLOOMFIELD HILLS, MICHIGAN 48303-2028  
TELEPHONE (248) 645-9300  
FACSIMILE (248) 645-5418  
WWW.COLOMBOPC.COM

LOUIS J. COLOMBO (1883 - 1959)  
LOUIS J. COLOMBO, JR. (1911 - 1979)  
FREDERICK COLOMBO (1916 - 1999)

OF COUNSEL  
JAMES H. HODNUT  
DAVID J. WELLMAN, P.C.  
DAVID A. ANTONELLI, P.C.

June 8, 2004

Florida Dept. of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

W04-23246

**RE: J & C Clark Properties, LLC**

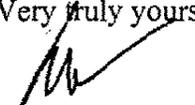
Dear Sir/Madam:

I enclose herewith Articles of Organization for the above-referenced limited liability company, together with a check in the amount of \$100.00 for the filing fees.

Kindly return all documents to the undersigned.

Thank you for your assistance.

Very truly yours,

  
David J. Wellman  
Of Counsel to the Firm

DJW/osl  
Encls.

cc: John C. Clark

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DIVISION OF CORPORATIONS  
04 JUL - 6 AM 8:35



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 16, 2004

DAVID J. WELLMAN  
COLOMBO & COLOMBO  
P.O. BOX 2028  
BLOOMFIELD HILLS, MI 48303-2028

SUBJECT: J & C CLARK PROPERTIES, LLC  
Ref. Number: W04000023246

We have received your document for J & C CLARK PROPERTIES, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 204A00040292

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04 JUL - 6 AM 8:35

# Colombo & Colombo

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FREDERICK COLOMBO (1816 - 1899)

OF COUNSEL

JAMES H. HUDNUT

DAVID J. WELLMAN, P.C.

DAVID A. ANTONELLI, P.C.

June 28, 2004

Florida Dept. of State  
Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314  
Attn: Lee Rivers

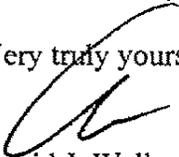
**RE: J & C Clark Properties, LLC**

Dear Ms. Rivers:

Thank you for your letter of June 16, 2004. I enclose herewith a check in the amount of \$25.00, as additional required fees to file the Articles of Organization for the above-referenced limited liability company.

Thank you for your assistance.

Very truly yours,

  
David J. Wellman  
Of Counsel to the Firm

DJW/osl  
Encls.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J & C Clark Properties, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

394670 Kolars Ferry Rd.

Hilliard, FL 32046

**Mailing Address:**

P. O. Box 127

Hilliard, FL 32046

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

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

John C. Clark

Name

394670 Kolars Ferry Rd.

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

Hilliard

FLORIDA 32046

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, 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

John C. Clark

P O Box 127

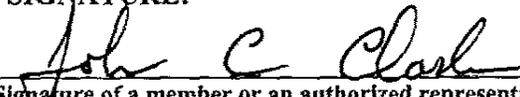
Hilliard, FL 32046

(Use attachment if necessary)

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**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.)

John C. Clark

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)