

L04000056988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W04-25380 2848

Office Use Only



400038191544

06/28/04--01018--009 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL 26 PM 2:24



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 1, 2004

J. HAROLD FLEMING  
4610 EAST LINEBAUGH AVENUE  
TAMPA, FL 33617

SUBJECT: J. HAROLD FLEMING  
Ref. Number: W04000025380

We have received your document for J. HAROLD FLEMING and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with 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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 704A00042910

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL 26 PM 2:24

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J. HAROLD FLEMING  
(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:

J. HAROLD FLEMING  
(Name of Person)

J. HAROLD FLEMING  
(Firm/Company)

4810 EAST LINEBAUGH AVENUE  
(Address)

TAMPA, FLORIDA 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

J. HAROLD FLEMING at ( 813 ) 988-7256  
(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

FILED  
04 JUL 26 PM 2:24  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J. HAROLD FLEMING LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4610 EAST LINEBAUGH AVENUE

TAMPA, FLORIDA 33617

**Mailing Address:**

4610 EAST LINEBAUGH AVENUE

TAMPA, FLORIDA 33617

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

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

James H. Fleming  
Name

4610 E. Linebaugh Ave  
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL FLORIDA 33617  
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..*

James H. Fleming  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 26 PM 2:24

**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

100 %

**Name and Address:**

J. HAROLD FLEMING  
4610 E LINDBRUGH AVE  
TAMPA FL 33617

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

✓ James H. Fleming  
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.)

JAMES H. FLEMING  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL 26 PM 2:24