# W4000060522

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies \_\_\_\_\_ Special Instructions to Filing Officer:

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### TRANSMITTAL LETTER

Registration Section Division of Corporations

Tallahassee, Florida 32399

TO:

SUBJECT: Clark Construction (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:		
Darry Van Clark (Name of Person)		
Clark Construction (Firm/Company)		
4290 Nassau River Rd (Address)		
Fernandina Bch, FL 32034 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Darry Clark at (904) 759-3898 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee ♥ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327		

Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2004

DARRYL VAN CLARK CLARK CONSTRUCTION 4290 NASSAU RIVER RD. FERNANDINA BEACH, FL 32034

SUBJECT: CLARK CONSTRUCTION

Ref. Number: W04000029744

We have received your document for CLARK CONSTRUCTION and your check(s) totaling \$130.00. 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 end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6967.

Letter Number: 804A00048568

Michelle Hodges Document Specialist

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:		
Clark Construction, UC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
4290 Nassau River Rd Fernandina Beh. Fl. 32034	PO BOX 1812 Yulee, FL 32041	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:  The name and the Florida street address of the registered agent are:		
Fernandinahoh FL 32034		

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..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** Signature of a prember 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.)

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

Typed or printed name of signee

\$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)