

W240000065978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status 1

Special Instructions to Filing Officer:

9/2 FL IC

CUS

Office Use Only



300040739503

09/02/04--01042--022 **130.00

09/02/04

FILED
TALLAHASSEE, FLORIDA

04 SEP -2 PM 1:10

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Writers Institute 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 CASKEY
(Name of Person)

THE WRITERS INSTITUTE
(Firm/Company)

3502 HENDERSON BLVD
(Address)

TAMPA, FLA 33609
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN CASKEY at (813) 870-2220
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE WRITERS INSTITUTE LLC

ARTICLE II - Address:

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

Principal Office Address:

3502 HENDERSON BOULEVARD

SUITE 201

TAMPA, FLORIDA 33609

Mailing Address:

P.O. BOX 18682

TAMPA, FLORIDA ~~33609~~ 33679

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

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

JOHN CASKEY

Name

3502 HENDERSON BLVD

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

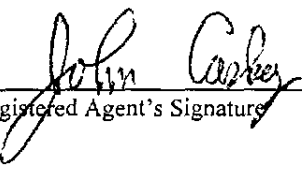
TAMPA

FLORIDA 33609

City, State, and Zip

FILED
04 SEP -2 PM 1:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 CASKEY

3502 HENDERSON BLVD

TAMPA, FLA, 33609

MGRM

JOYCE CASKEY

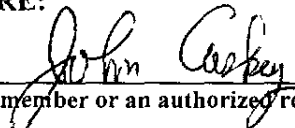
3502 HENDERSON BLVD

TAMPA, FLA. 33609

(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.)

JOHN CASKEY

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)