

L04000094291

(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:

Office Use Only



700043645387

FILED

04 DEC 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

4/11/03 PM 4:15
Filing
Office
Tallahassee, FL
DA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 113843 81282A

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pigute

FILED
04 DEC 29 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 29, 2004

ORDER TIME : 3:32 PM

ORDER NO. : 113843-005

CUSTOMER NO: 81282A

CUSTOMER: Ms. Kelly Wise
Robert A. Dickinson, Pa

460 South Indiana Avenue

Englewood, FL 34223

DOMESTIC FILING

NAME: CLIFFORD R. JAMES, JR., LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clifford R. James, Jr., LLC

ARTICLE II - Address:

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

Principal Office Address:

750 W. Wentworth,
Englewood, FL 34223

Mailing Address:

750 W. Wentworth
Englewood, FL 34223

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

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

Robert A. Dickinson

Name

460 S. Indiana Ave.

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

Englewood FL 34223

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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
04 DEC 29 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Clifford R. James, Jr.

750 W. Wentworth

Englewood, FL 34223

(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.)

Clifford R. James, Jr.
Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)