

LO50000/2879

2005 FEB -7 A 3:08

SECRETARY OF STATE

(Requestor's Name) TALLAHASSEE, FLORIDA

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

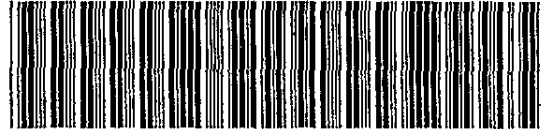
(Document Number)

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Special Instructions to Filing Officer:

was-3678  
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01/10/05--01041--024 \*\*125.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

2005 FEB -7 A 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 24, 2005

JAMES CAMPBELL  
3382 NE 57TH AV.  
SILVER SPRINGS, FL 34488

SUBJECT: JIM CAMPBELL BUILDING CONTRACTOR  
Ref. Number: W05000003678

We have received your document for JIM CAMPBELL BUILDING CONTRACTOR 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 end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 205A00004682

## TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2005 FEB -7 A 3:08

SUBJECT: JIM CAMPBELL BUILDING CONTRACTOR SECRETARY OF STATE  
(Name of Limited Liability Company) TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES CAMPBELL  
(Name of Person)

JIM CAMPBELL BUILDING CONTRACTOR  
(Firm/Company)

3382 N.E. 57<sup>TH</sup> AV.  
(Address)

SILVER SPRINGS, FL. 34488  
(City/State and Zip Code)

For further information concerning this matter, please call:

JIM CAMPBELL at ( 352 ) 209-2210  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

FILED

2005 FEB -7 A 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JIM CAMPBELL BUILDING CONTRACTOR LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3382 N.E. 57<sup>TH</sup> AVE.

3382 N.E. 57<sup>TH</sup> AVE.

SILVER SPRINGS

SILVER SPRINGS

FL. 34488

FL. 34488

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

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

JAMES A. CAMPBELL

Name

3382 N.E. 57<sup>TH</sup> AVE.

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

SILVER SPRINGS FL 34488

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..*

James A. Campbell  
Registered Agent's Signature

(CONTINUED)

**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:**

**FILED**

2005 FEB -7 A 3:

MGR.

JAMES A. CAMPBELL  
3382 N.E. 57TH AVE.  
SILVER SPRINGS, FL 34488

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

James A. Campbell

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 A. CAMPBELL

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)