

LOS0000023064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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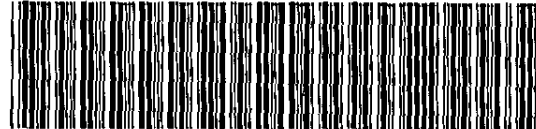
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 MAR -4 PM 1:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CLAYTON J.M. ADKINSON
ATTORNEY AT LAW
POST OFFICE BOX 1207
DEFUNIAK SPRINGS, FLORIDA 32435
(850) 892-5195
FAX (850) 892-3013

March 1, 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

In re: Adkinson Land Title, LLC

Enclosed is the original Articles of Organization for Florida Limited Liability Company to be filed for the above referenced company. Also, enclosed is a check for \$125.00 to cover the cost of filing fees.

If additional information is needed, please advise. Your assistance in this matter is most appreciated.

Sincerely,



Clayton J.M. Adkinson

CJMA:ch
Enclosure

FILED
2005 MAR -4 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADKINSON LAND TITLE 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:

Clayton J.M. Adkinson
(Name of Person)

Adkinson Land Title LLC
(Firm/Company)

Post Office Box 1207
(Address)

DeFuniak Springs, FL 32435
(City/State and Zip Code)

For further information concerning this matter, please call:

Clayton J.M. Adkinson at (850) 892-5195
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADKINSON LAND TITLE LLC

ARTICLE II - Address:

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

Principal Office Address:

41 South 6th Street

DeFuniak Springs, FL

32435

Mailing Address:

Post Office Box 1207

DeFuniak Springs, FL

32435

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

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

Clayton J.M. Adkinson

Name

41 South 6th Street

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

DeFuniak Springs FLORIDA 32435

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..



Registered Agent's Signature

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2005 MAR -4 PM 1:58
CLAYTON J.M. ADKINSON
REGISTERED AGENT, 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

Clayton J.M. Adkinson

P.O. Box 1207

DeFuniak Springs, FL 32435

MGRM

Rhonda R. Adkinson

P.O. Box 1207

DeFuniak Springs, FL 32435

(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.)

Clayton J.M. Adkinson

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)