

LD5000029881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

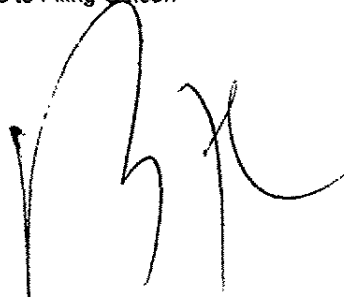
PICK-UP WAIT MAIL

(Business Entity Name)

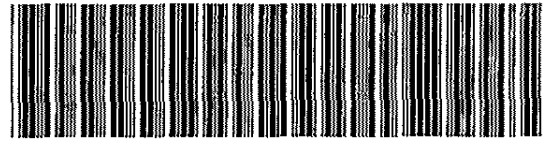
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05 MAR 25 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 MAR 25 PM 3:38
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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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TALLAHASSEE, FLORIDA

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ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 3/25/05

REF. #: 001260.36276

CORP. NAME: JACK HUBERT CLARK, LLC

- () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
- () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME
- () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY
- () REINSTATEMENT () MERGER () WITHDRAWAL
- () CERTIFICATE OF CANCELLATION
- () OTHER:

STATE FEES PREPAID WITH CHECK# 46339 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
- () CERTIFICATE OF STATUS

Examiner's Initials

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACK HUBERT CLARK, 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:

22187 BREEZESWEPT AVENUE

22187 BREEZESWEPT AVENUE

PORT CHARLOTTE, FL 33952

PORT CHARLOTTE, FL 33952

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

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

JACK HUBERT CLARK

Name

22187 BREEZESWEPT AVENUE

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

PORT CHARLOTTE, FL 33952

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..

Jack Hubert Clark
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:

JACK HUBERT CLARK

MGRM

22187 BREEZESWEPT AVENUE

PORT CHARLOTTE, FL 33952

(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.)

JACK HUBERT CLARK

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)