

LD5000112607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

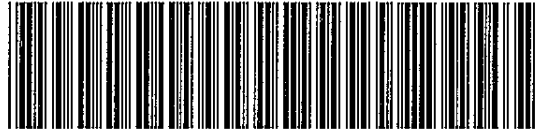
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 17 PM 12:57

N. Outigan NOV 22 2005

LAW OFFICES OF
JOSEPH H. PILKINGTON & CO., P.C.

ONE SEAGATE, SUITE 720

TOLEDO, OHIO 43604

Telephone (419) 247-1600

Facsimile (419) 247-1602

November 14, 2005

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Clark's Editions, LLC

Gentlemen:

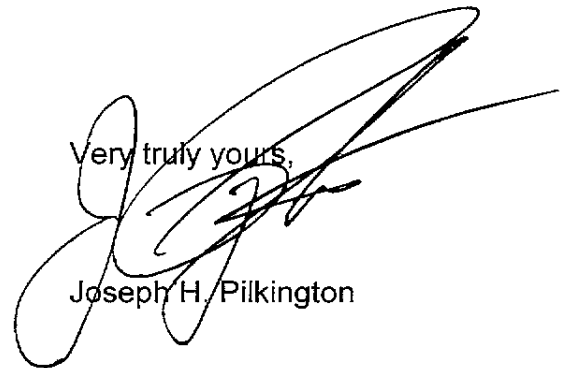
Enclosed for filing are the following:

1. Certificate of Organization and Designation of Agent.
2. Check for \$130.00.

Also enclosed is a return envelope for the certificate of status.

We appreciate your services.

Very truly yours,

A large, stylized handwritten signature in black ink, appearing to read 'JHP', is written over the typed name 'Joseph H. Pilkington'.

Joseph H. Pilkington

JHP:nh
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clark Editions, 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:

Joseph H. Pilkington

(Name of Person)

Joseph H. Pilkington & Co., P.C.

(Firm/Company)

One SeaGate, Suite 720

(Address)

Toledo, Ohio 43604

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph H. Pilkington

(Name of Person)

at (419) 247-1600

(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clark Editions, LLC

ARTICLE II - Address:

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

Principal Office Address:

9000 Spring Run Blvd.

Unit 802

Bonita Springs, FL 34135

Mailing Address:

9000 Spring Run Blvd.

Unit 802

Bonita Springs, FL 34135

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

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

Thomas D. Clark

Name

9000 Spring Run Blvd., Unit 802

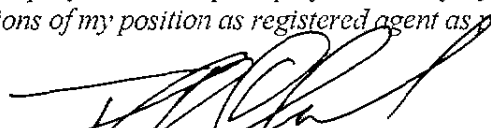
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FL 34135

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 17 PM 12:57

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)

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

Thomas D. Clark

9000 Spring Run Blvd., Unit 802
Bonita Springs, FL 34135

MGR

Barbara M. Clark

9000 Spring Run Blvd., Unit 802
Bonita Springs, FL 34135

(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.)

Thomas D. Clark

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)