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(Requestor's Name)

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(City/State/Zip/Phone #)

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09 MAY 28 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORBITT CLARK CONSULTING 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:

THOMAS R. CORBITT

Name of Person

CORBITT CLARK CONSULTING LLC.

Firm/Company

199 CALOOSA ESTATES DRIVE

Address

LABELLE, FLORIDA 33935

City/State and Zip Code

CCCONSULTING@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS R. CORBITT

Name of Person

at (**863**)

234-8343

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)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2009

THOMAS R. CORBITT
199 CALOOSA ESTATES DRIVE
LABELLE, FL 33935

SUBJECT: CORBITT CLARK CONSULTING LLC.
Ref. Number: W09000022806

We have received your document for CORBITT CLARK CONSULTING LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 13, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00016487

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORBITT CLARK CONSULTING LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

199 CALOOSA ESTATES DRIVE
LABELLE, FLORIDA 33935

199 CALOOSA ESTATES DRIVE
LABELLE, FLORIDA 33935

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THOMAS R. CORBITT

Name

199 CALOOSA ESTATES DRIVE

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

LABELLE, FL 33935 FL

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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

ATCH 2

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

LINDA CLARK
199 CALOOSA ESTATES DRIVE
LABELLE, FLORIDA 33935

MGRM

THOMAS R. CORBITT
199 CALOOSA ESTATES DRIVE
LABELLE, FLORIDA 33935

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06-01-2009. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 R. CORBITT

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)

FILED
09 MAY 28 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA