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2009 OCT -6 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT -7 2009

EXAMINER

COVER LETTER

* TO: Registration Section
Division of Corporations

SUBJECT: CLUTCH DEPOT TAMPA 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 K. Lamb

Name of Person

Firm/Company

1402 FERNWOOD PLACE

Address

SEFFNER FLORIDA 33584-6008

City/State and Zip Code

TAMPAWATERDOG@AOL.COM

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

For further information concerning this matter, please call:

Joseph K. Lamb

Name of Person

at (813) 681-7849

Area Code & Daytime Telephone Number

CELL - 813-389-9198

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLUTCH DEPOT TAMPA 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:

Joseph K. LAMB
1402 FERNWOOD PLACE
SEFFNER, FL 33584

Mailing Address:

Joseph K. Lamb
1402 FERNWOOD PLACE
SEFFNER FL 33584

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:

Joseph K. Lamb
Name

1402 FERNWOOD PLACE
Florida street address (P.O. Box **NOT** acceptable)

SEFFNER FL 33584-6008
City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

1 of 2

2009 OCT -6 AM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Address:

"MGRM" = Managing Member

JOSEPH K. LAMB

MGRM

ELIZABETH C. LAMB

1402 FERNWOOD PLACE
SEFFNER FL 33584-6008

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)

REQUIRED SIGNATURE:

Sam H. Lam

(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.)

JOSEPH K. LAMB

Typed or printed name of signee

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

130-