

L10000054972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2010 MAY 20 AM 11:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

C. LEWIS

MAY 21 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John K. Bond

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:

John k. Bond

Name of Person

John K. Bond

Firm/Company

10850 Skyhawk Drive

Address

New Port Richey, Florida 34654

City/State and Zip Code

johnbonddb5@yahoo.com

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

For further information concerning this matter, please call:

Elizabeth Bond

Name of Person

at (727)

534-9468

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

John K. Bond 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:

10850 Skyhawk Drive

New Port Richey, Florida 34654

Mailing Address:

10850 Skyhawk Drive

New Port Richey Florida 34654

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:

John K. Bond

Name

10850 Skyhawk Drive

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

New Port Richey

FL 34654

City, State, and Zip

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SECRETARY OF STATE
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)

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:

John K. Bond

10850 Skyhawk Drive

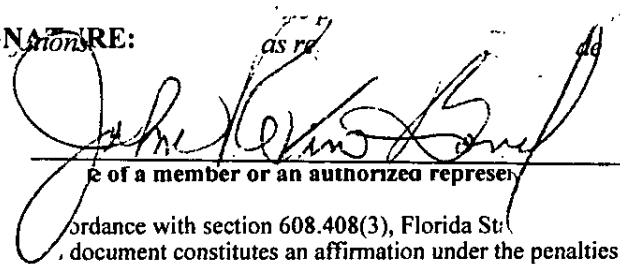
New Port Richey Florida 34654

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 15, 2010. (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

In accordance with section 608.408(3), Florida Statutes, this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John K. Bond

Typed or printed name of signer

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)

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2010 MAY 20 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA