L12000064573

(Request	or's Name)
(Address)
(Address)
(City/Stat	te/Zip/Phone #)
PICK-UP] WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing $$125.00$	Officer:
WIZOOUA	6570

Office Use Only



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05/14/12--01007--015 **160.00

DIZ HAY IL AM IU: II SECRETARY OF STATE ALLAHASSEE.FLORIDI

FILED
12 NAY IN MID 24
SECRETARY OF STATE

D. BRUCE

MAY 1 4 2012

EXAMINER

•	
,	Hand Delivered May 14, 2012
	Department of State
	Division et Corporations
	In re: Imes F. Stanfield, PA
	Statement of Intent
	I was advised by my accountant to dissolve
	the above Protessiand Association. I filed the
	appropriate Forms on May 14, 2012 and the
	corporation was dissolved. I affirm that it is
	not my intent to form another Professional
	Association under the above name nor shall
	I do 50-
	Sincerely
,	The Mundial a
	Sincerely, Times F. Stunfield Junes F. Stunfield
1	
	·
	
<u></u>	



May 14, 2012

JAMES F. STANFIELD 3252 HAWKS RIDGE DRIVE LAKELAND, FL 33810

SUBJECT: JAMES F. STANFIELD, LLC

Ref. Number: W12000026570

We have received your document for JAMES F. STANFIELD, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 312A00014210

COVER LETTER

	Registration of	on Section Corporations		
SUBJEC	CT:	JAMES F. S.	TANFIELD LLC ed Liability Company	
The encl	osed Article	es of Organization and fee(s) are	submitted for filing.	
Please re	turn all com	respondence concerning this mat	ter to the following:	
_		JAMES	S F. STANFIELD Name of Person	
		JAMES	F. STANFIELD, LL.	.c
			Firm/Company	
_		3252 1	TAWKS RIDGE DRIV	<u>'</u>
			Address	
		LAKELI	9ND, FL 338/0 y/State and Zip Code	آهِ 7
			•	
_		j. Fordhems tautie	for future armual report notification)	
For furth	er informati	on concerning this matter, please		HAY IL AND 28 CRETARY OF STATE LAHASSEE, FLORIE
Jan	nes F.	Stanfield	at (<u>863</u>) <u>255-2933</u> Area Code & Daytime Telephone Num	AM ID 24 OF STATE E. FLORIDA
<u></u>	Na	me of Person	Area Code & Daytime Telephone Num	ber D
Enclose	d is a checl	c for the following amount:		
\$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific. (additional copy is enclosed) Certifie	Filing Fee, ate of Status & Copy al 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:	
Must end with the words "Limited Li	iability Company. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:	
13252 Hawks Ridge Drive Lakeland, FL 33810		_ _ _
3252 Hawke (egistered Agent. You must designate an individual or	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the app acity. I further agree to comply with the p e performance of my duties, and I am fam egistered agent as provided for in Chapte	pointment as provisions of all iliar with and

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
Manager	James F. Stanfield 3252 Howks Ridge Drive hokeland, FL 33810
	
(Use attachment if necessary)	
LE V: Effective date, if other t	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
LE V: Effective date, if other t fective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
LE V: Effective date, if other t fective date is listed, the date days after the date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days p and a specific and cannot be more than five business days p and a specific and cannot be more than five business days p
LE V: Effective date, if other the fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any fallows)	must be specific and cannot be more than five business days p

ARTICLE IV- Manager(s) or Managing Member(s):

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