

L12000091690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

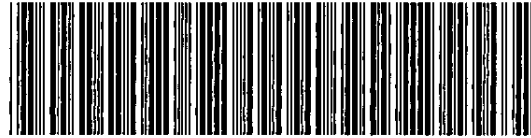
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 13 2012

EXAMINER

STARK & KNOLL

A Legal Professional Association

MICHAEL E. GEORGE

mgeorge@stark-knoll.com

330.572.1304

July 10, 2012

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

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2012 JUL 13 PM 1:28
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TALLAHASSEE, FLORIDA

RE: Clark Family Real Estate, LLC

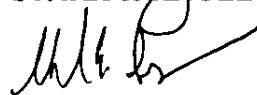
Dear Sir or Madam:

Enclosed for filing are the Articles of Organization for Florida Limited Liability Company for the above-referenced company. Also enclosed is a check for \$125.00 to cover the requisite filing fee. Please return the Certificate of Filing to the undersigned by regular U.S. mail in the enclosed self-addressed, stamped envelope.

In the event you are in need of further information, please contact me at 330-376-3300. Thank you for your assistance.

Very truly yours,

STARK & KNOLL CO., L.P.A.



Michael E. George

/dmg
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clark Family Real Estate, 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:

Michael E. George

Name of Person

Stark & Knoll Co., LPA

Firm/Company

3475 Ridgewood Road

Address

Akron, Ohio 44333

City/State and Zip Code

mgeorge@stark-knoll.com

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

For further information concerning this matter, please call:

Michael E. George

Name of Person

at (330) 572-1304

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clark Family Real Estate, 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:

26199 Isle Way
Bonita Springs, Florida 34134

Mailing Address:

26199 Isle Way
Bonita Springs, Florida 34134

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:

Mark T. Clark

Name

26199 Isle Way

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

Bonita Springs FL 34134

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

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:

MGR

Mark T. Clark

26199 Isle Way

Bonita Springs, Florida 34134

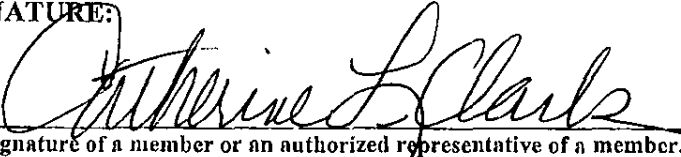
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of Filing (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Catherine Leigh Clark, Trustee

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)