

L15000070413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

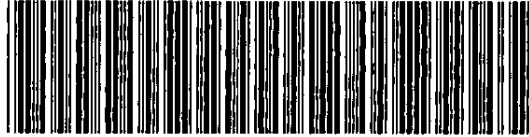
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**ALEXANDER & DAMBRA, P.A.**

ATTORNEYS AT LAW

5737 OKEECHOBEE BOULEVARD, SUITE 201

WEST PALM BEACH, FLORIDA 33417

TELEPHONE: (561) 471-5708

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KAREN LEVIN ALEXANDER  
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GEORGIANA FRATELLA DAMBRA\*  
GMDAMBRA@AOL.COM

\*ALSO MEMBER OF NEW JERSEY BAR

April 6, 2015

Secretary of State  
Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Attention: Division of Corporations

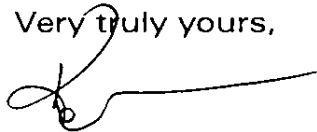
Re: LLCClark, LLC

Dear Sir or Madam:

Enclosed you will find an original and one copy of the Articles of Organization for LLCClark LLC. Please file the original with your office and return a copy to me stamped "filed". I have also enclosed our firm check in the amount of \$130.00 which represents the filing fee and the fee for a Certificate of Status.

If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Very truly yours,



Karen Levin Alexander

KLA:cmo  
Enclosures  
cc: Lois L. Clark (w/outh endosures)  
CORP/SECSTATE.LTR

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LLClark, 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:

Lois L. Clark

Name of Person

c/o Alexander & Dambra, P.A.

Firm/Company

5737 Okeechobee Blvd. #201

Address

West Palm Beach, FL 33417

City/State and Zip Code

bitbybitfarm@bellsouth.net

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

For further information concerning this matter, please call:

Lois L. Clark

Name of Person

at ( 561 ) 236-8772

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:

LLClark, 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:

c/o Alexander & Dambra  
5737 Okeechobee Blvd. #201  
West Palm Beach, FL 33417

Same

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:

Karen L. Alexander

Name

5737 Okeechobee Blvd. #201

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

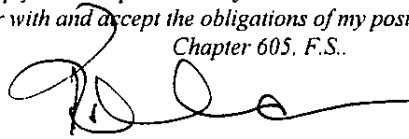
West Palm Beach,

FL 33417

City

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Lois L. Clark - *MGR*

**Name and Address:**

c/o Alexander & Dambra, P.A.

5737 Okeechobee Blvd- #201

West Palm Beach, FL 33417

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

*Lois L. Clark*

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Lois L. Clark

*Lois L. Clark*  
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)

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