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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

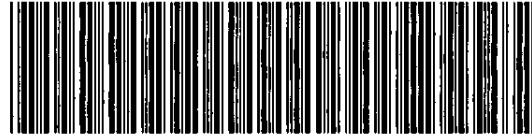
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 25 PH 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan MAR 30 2016

LAW OFFICES OF JAMES P. COVEY, P.A.

<u>VERO BEACH OFFICE</u> 1575 Indian River Blvd, Ste C120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	<u>OKEECHOBEE OFFICE</u> 114 North Parrot Avenue Okeechobee, FL 34972 Telephone: 772.770.6160 Facsimile: 772.770.6074	<u>STUART OFFICE</u> 2207 South Kanner Highway Stuart, FL 34994-4619 Telephone: 772.286.5820 Facsimile: 772.286.1505
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James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland

Robyn H. Eschmann
Florida Registered Paralegal/Firm Administrator
Melanie B. Lawrence
Paralegal
Alexandria T. Ming
Legal Assistant

Dorothea F. DePace
Paralegal
Nely Castro
Legal Assistant

March 23, 2016

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

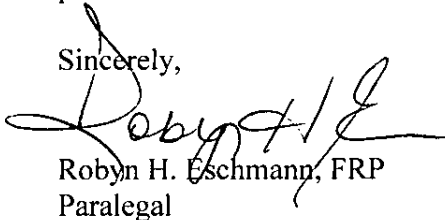
Re: *CLOCKS IN TIME, LLC.*

Enclosed, please find the following:

1. Cover Letter;
2. Articles of Organization for Clocks In Time, LLC.;
3. James P. Covey, P.A. firm check in the amount of \$130.00 representing the Filing Fee & Certificate of Status for Clocks In Time, LLC.

If you should have any questions or should need any further information to complete this request, please contact this office at 772.770.6160.

Sincerely,



Robyn H. Eschmann, FRP
Paralegal

/ml
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLOCKS IN TIME, 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:

JAMES P. COVEY, ESQ.

Name of Person

JAMES P. COVEY, P.A.

Firm/Company

1575 Indian River Blvd., Suite C-120

Address

Vero Beach, FL 32960

City/State and Zip Code

office@jcovelaw.com

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

For further information concerning this matter, please call:

James P. Covey, Esq.

772

770.6160

at (_____) _____

Name of Person

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

CLOCKS IN TIME, 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:

4500 5th Place, SW

Vero Beach, Florida 32968

Mailing Address:

4500 5th Place, SW

Vero Beach, Florida 32968

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:

James P. Covey, Esq.

Name

1575 Indian River Blvd., Suite C-120

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

Vero Beach

Florida

32960

City

State

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Rodney J. Nowak
4500 5th Place, SW
Vero Beach, Florida 32968

MGR

Rodney J. Nowak
4500 5th Place, SW
Vero Beach, Florida 32968

(Use attachment if necessary)

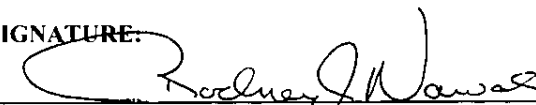
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Rodney J. Nowak

Typed or printed name of signee

16 MAR 25 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)