

L16000093412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

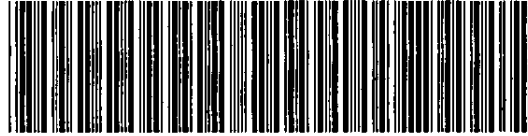
(Business Entity Name)

(Document Number)

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

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200285309862

05/11/18--01004--017 \*\*125.00

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16 MAY 11 PM 2:31

200285309862  
MAY 11 2018  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jim Bowen & Associates, 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 E Bowen  
Name of Person

\_\_\_\_\_  
Firm/Company

15821 Acorn Circle  
Address

Tavares, FL 32778  
City/State and Zip Code

jamesvicki1950@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beryl Stokes CPA at (352) 678-6078  
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:

**Jim Bowen & Associates, LLC**

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

15821 Acorn Circle

Tavares, FL 32778

Mailing Address:

15821 Acorn Circle

Tavares, FL 32778

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.)

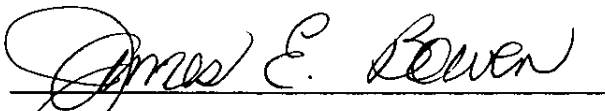
The name and the Florida street address of the registered agent are:

James E Bowen

15821 Acorn Circle

Tavares, FL 32778

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)

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16 MAY 11 PM 2:31  
HILLMAN, FLORIDA

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

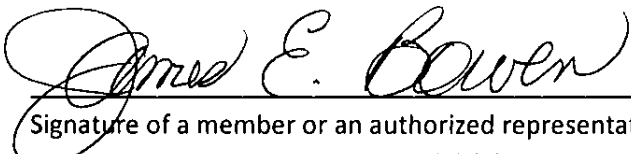
Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager

Managing Member	James E Bowen
	15821 Acorn Circle
	Tavares, FL 32778

ARTICLE V: Effective date, if other than the date of filing: 6/1/2016.

ARTICLE VI: Other provisions, if any. None

REQUIRED SIGNATURE:

A handwritten signature in cursive script that reads "James E. Bowen". The signature is written in black ink and is positioned above a horizontal line.

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.

James E Bowen

Name of Signee