

L16000159197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

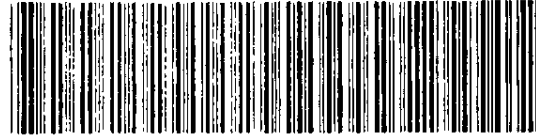
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

AUG 26 2016

T. SCOTT



000289284220

08/26/16 16:01  
TJ/ALCOA/0000

16 AUG 26 PM 2:01

APPROVED  
FILED

08/26/16---01004---022 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
16 AUG 26 PM 1:50

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCOTT & CLARK ASSOCIATES, L.L.C.  
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:

Robert TRAVIS, Jr  
Name of Person

SCOTT & CLARK ASSOCIATES L.L.C.  
Firm/Company

P. O. Box 5315  
Address

Tallahassee, Fla. 32314  
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert TRAVIS Jr at ( 904 ) 321-6790  
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 Scott & Clark Associates L.L. C.

ARTICLE II: ADDRESS

The mailing address and street of the principal office of the Limit Liability Company is:

Principal Office Address

Mailing Address

2851 Muirwood Court  
Tallahassee, Florida 32309-8918

P.O. Box 5315  
Tallahassee, Florida 32314-5314

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

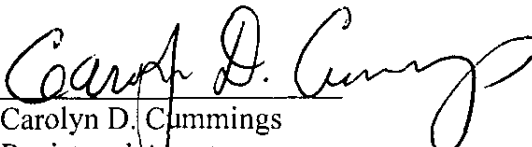
Carolyn D. Cummings  
462 W. Brevard Street  
Tallahassee, Florida 32301

RECEIVED  
MAR 26 PM 2:01

16 MAR 26 PM 2:01

FILED

*Having been named 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
Carolyn D. Cummings  
Registered Agent

ARTICLE IV: MANAGEMENT

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

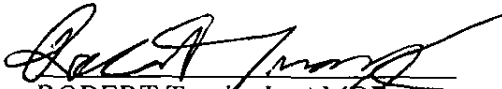
Title:  
MGR & AMBR

Robert Travis, Jr.  
2851 Muirwood Court  
Tallahassee, Florida 32309-8918

ARTICLE V: EFFECTIVE DATE

The effective date of the Company is August 29, 2016

SIGNATURE



ROBERT Travis, Jr. AMBR