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LLC

1. **JAMES G. POWERS, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

KLEIN & KLEIN, LLC

Attorneys at Law

40 Southeast 11th Avenue

Ocala, Florida 34471

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR.

LAWRENCE C. CALLAWAY, III

AUSTIN T. DAILEY

PHONE (352) 732-7750

FAX (352) 732-7754

July 13, 2019

**TO: Registration Section
Division of Corporation**

RE: JAMES G. POWERS, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the Corporation:

jgp9231000@gmail.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

2021 JUL 13 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES G. POWERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

**2885 Palm Beach Blvd., Unit 603A
Ft. Myers, FL 33916**

Mailing Address:

**2885 Palm Beach Blvd., Unit 603A
Ft. Myers, FL 33916**

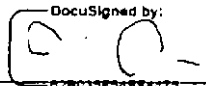
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**JAMES G. POWERS
2885 Palm Beach Blvd., Unit 603A
Ft. Myers, FL 33916**

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, Florida Statutes.

DocuSigned by:



JAMES G. POWERS

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR"

**JAMES G. POWERS
2885 Palm Beach Blvd., Unit 603A
Ft. Myers, FL 33916**

REQUIRED SIGNATURE:

DocuSigned by:



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 in s.817.155, F.S.

JAMES G. POWERS

Typed or printed name of signee