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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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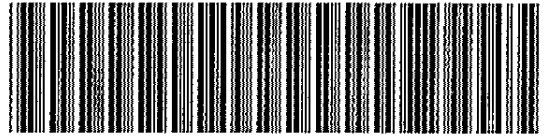
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLARK FINANCIAL SOLUTIONS  
(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 L. CLARK  
(Name of Person)

CLARK FINANCIAL SOLUTIONS  
(Firm/Company)

15 W. CHURCH ST. STE # 201  
(Address)

ORLANDO, FL 32801  
(City/State and Zip Code)

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For further information concerning this matter, please call:

ROBERT CLARK at ( 407 ) 246-1515  
(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
OF  
CLARK FINANCIAL SOLUTIONS, LLC**

ARTICLE I - NAME

The name of this limited liability company is CLARK FINANCIAL SOLUTIONS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE


The mailing address and street address of the principal office of the Company is 15 West Church Street, Suite 201, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 15 West Church Street, Suite 201, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Robert L. Clark.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.



Signature of a Member or an Authorized Representative of a Member

Robert L. Clark

Typed or Printed Name of Signer

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ACCEPTANCE OF REGISTERED AGENT

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 608, Florida Statutes.



Robert L. Clark