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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SLORETARY OF STATE TALL AHASSEE. FLOREDA

SEP 30 2005

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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: ClarkS		d Liability Compar	ny)		
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
Jay Newe	II				
	C	Name of Person)			_
ClarkSt25	01 LLC				
	(Firm/Company)			-
2475 Cla	rk Street				
		(Address)			_
Apopka,	Florida 32703				
	(City)	/State and Zip Code))		_
For further information	concerning this matter, please	call:			TAL
Jay Newell		at (_407)	523 377	70	CRE
(Name	of Person)	(Area Code	& Daytime To	elephone Number)	ASS
Enclosed is a check for	or the following amount:				RETARY UP STATE
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	✓ \$155.00 Fil Certified Copy (additional copy is	, -	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	<u></u>
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns Circle	

05 SEP 27 AM 9: 39

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:

The name of the Limited Liability Company is:

ClarkSt2501 LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Jay Newell	Jay Newell
2475 Clark Street	2475 Clark Street
Apopka, Florida 32703	Apopka, Florida 32703

(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:

Venture Ma	anagement Group
	Name
445 West	Drive Suite 103
	Florida street address (P.O. Box NOT acceptable
Melbourne	FL 32904
	City, State, and Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Jay Newell 214 Waymouth Harbor Cove Longwood, FL 32779	
MGRM	H.W. Hauser 10601 Charleston Drive Vero Beach, FL 32963	
MGRM	Gregory Morrison 200 S. Shadow Bay Blvd. Longwood, FL 32779	
		<u> </u>
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: 9/26/2005 (OPI be specific and cannot be more than five busine	ΠΟΝΑL) ess days prior
REQUIRED SIGNATURE:	Murel	SCORCTARY OF STATE ALL AHASSEE, FLORIN
(In accordance with	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)	STATE LORINA
	Typed or printed name of signee	
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)