

LD1000014537

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

8/23

REC-11

200004514142--9

-08/03/01--01057--026
*****78.75 *****78.75

SUBJECT: CLEARY SERVICES, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

CC

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
& Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FILED
01 AUG 23 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: WADE CLEARY
Name (Printed or typed)

10302 WELBECK COURT
Address

TAMPA, FLORIDA 33626
City, State & Zip

813-765-5085
Daytime Telephone number

200004514142--9
-08/22/01--01078--004
*****76.25 *****76.25

NOTE: Please provide the original and one copy of the articles.

WD1-18330
PS 8/8/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEARY SERVICES, LLC

ARTICLE II - Address:

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


10302 WELBECK COURT
TAMPA, FLORIDA 33626

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

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

WADE CLEARY
Name
10302 WELBECK COURT
Florida street address (P.O. Box **NOT** acceptable)
TAMPA, FL 33626
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

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WADE CLEARY
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

Addendum to articles of organization

- 1) Cleary Services, LLC will pay all health and dental premiums for the companies' director/officer.
- 2) Cleary Services, LLC will pay all related insurance premiums and deductibles for the day-to-day operation of the company.

Director/officer _____



Date _____

7/31/01