

L02000002775
File 200

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

100004881021--1
-02/05/02--01068--016
****125.00 ****125.00

DATE: 2-5-02

REF. #: 000805.4795

CORP. NAME: Clark Communications, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

RECEIVED
02 FEB -5 AM 11:38
TALLAHASSEE, FLORIDA
02 FEB -5 PM 2:21
SECRETARY OF STATE

STATE FEES PREPAID WITH CHECK# 501515 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2-5-02

**ARTICLES OF ORGANIZATION
CLARK COMMUNICATIONS, LLC**

That undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I – Name:

The name of the Limited Liability Company is **CLARK COMMUNICATIONS, LLC.**

ARTICLE II – Address:

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

Mail: 12230 SW 41st Street
Miami, Florida 33175

Principal Office: 12230 SW 41st Street
Miami, Florida 33175

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV – Management:

(Check the appropriate box and complete the statement)

- ☐ The Limited Liability Company is to be managed by a manger and the name and address of such manager is:

Not applicable

- ☒ The Limited Liability Company is to be managed by the members and the name and address of the Managing Member is:

CDD International, LLC
Debi Evans Galler, Member
12230 SW 41st Street
Miami, Florida 33175

02 FEB -5 PM 2:21
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE V – Admission of Additional Members:

Additional Members to the Company may be admitted, but only if all the majority of current Members agree to the admission of the additional Members and to the terms of the admission.

ARTICLE VI – Members Rights to Continue Business:

If a Member of the Company dies, retires, resigns, is expelled, is dissolved, files for bankruptcy protection (voluntarily or involuntarily), or upon the occurrence of any other event which terminates the continued membership of a Member of the Company, the remaining Member(s) may, by unanimous written agreement, continue the business of the Company.

IN WITNESS WHEREOF, the undersigned, being one of the original Members of the Company, has executed these Articles of Organization this 1st day of February, 2002.

CDD International, LLC

BY: Debi Evans Galler
Debi Evans Galler
Member

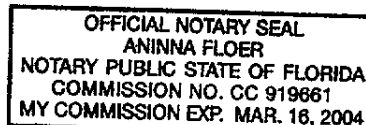
STATE OF FLORIDA)
)SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared Debi Evans Galler, who after being duly sworn, acknowledges that she executed before the foregoing instrument. She is personally known to me or produced Florida De Lic 6460-165-62-810⁰ as identification.

WITNESS my hand and official seal in the State of Florida this 1 day of February, 2002.

Aninna Floer
Print Name: ANNINA FLOER
NOTARY PUBLIC, State of Florida

My Commission Expires: Nov 16, 2004



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED
AND
FILED

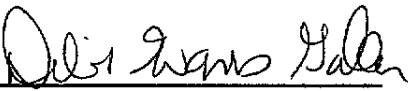
**ARTICLES OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is Clark Communications, LLC.**
- 2. The name and address of the registered agent and office is:**

**Mail: Debi Evans Galler, Esquire
12780 SW 117 Street
Miami, Florida 33186**

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.


(Signature)

2/01/02
(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED