

L03000025264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

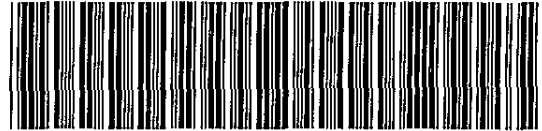
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500021103565

07/07/03--01077--010 **125.00

FILED
2003 JUL -7 AM 9:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 11 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clear Horizons, LLC
(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:

David A. Dillman
(Name of Person)

(Firm/Company)

702 Seneca Meadows Rd
(Address)

Winter Springs, FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Dillman at (407) 721-1016
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED
2003 JUL -7 AM 9:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Clear Horizons, LLC

ARTICLE II - Address:

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

Principal Office Address:

702 Seneca Meadows Rd
Winter Springs, FL 32708

Mailing Address:

702 Seneca Meadows Rd
Winter Springs, FL 32708

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

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

David A. Dillman

Name

702 Seneca Meadows Rd

Florida street address (P.O. Box NOT acceptable)

Winter Springs FL 32708

City, State, and Zip

FILED
2003 JUL -7 AM 9:45
JULY 7, 2003
TALLAHASSEE, FLORIDA

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

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David A. Dillman

702 Seneca Meadows Rd

Winter Springs, FL 32708

MGRM

KENDRA DILLMAN

702 SENECA MEADOWS RD.

Winter Springs, FL 32708

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

DAVID A. DILLMAN
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)

FILED
2003 JUL -7 AM 9:45
CLERK OF CORP. RECORDS
TALLAHASSEE, FLORIDA