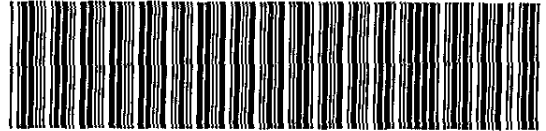


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CLERK OF COURT  
TALLAHASSEE, FLORIDA



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07/01/03--01043--005 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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MAIL

(Business Entity Name)

(Document Number)

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**FLORIDA DEPARTMENT OF STATE**  
Glenda E. Hood  
Secretary of State

FILED

03 JUL 30 AM 9:52

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

July 9, 2003

JAMES COFFEY  
P.O. BOX 1152  
HOBE SOUND, FL 33475-1152

SUBJECT: CLOCKWORK HOLDINGS, LLC  
Ref. Number: W03000019403

We have received your document for CLOCKWORK HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE ARTICLE ONE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 003A00040694

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--03 JUL 30 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CLOCKWORK HOLDINGS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8255 SE Governors Way

Hobe Sound, FL

33455

**Mailing Address:**

P.O. Box 1152

Hobe Sound, FL

33475-1152

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

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

James Coffey

Name

8255 SE Governors Way

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

Hobe Sound, FL , 33455

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

(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

CLOCKWORK HOLDINGS TRUST

P.O. BOX 1152

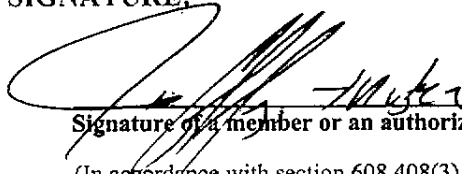
HOBE SOUND 33475-1152

JIM COFFEY, TRUSTEE

(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.)

JIM COFFEY, TRUSTEE

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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