

LO30000 35869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

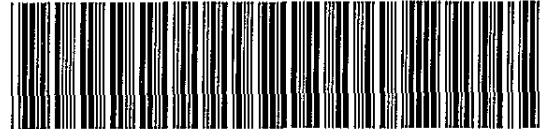
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500022976335

09/18/03--01026--003 **125.00

FILED
03 SEP 18 AM 10:13
FALL RABBIT

16 September 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Claridge Strategies LLC

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

John J. Alexander


Claridge Strategies LLC

1101 Abbeys Way

Tampa, FL 33602-5958

For further information, please call John Alexander at 813-221-3274.

Sincerely,



John J. Alexander

FILED

03 SEP 18 AM 10:13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name:

The name of the Limited Liability Company is:
Claridge Strategies LLC.

Article II - Address:

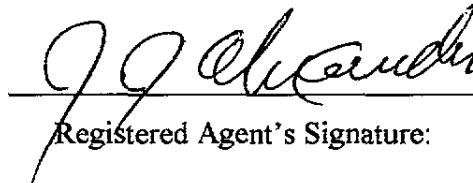
The mailing and street address of the principal office of the Limited Liability Company is:
**1101 Abbeys Way
Tampa, FL 33602-5958**

Article III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Name: **John J. Alexander**
Address: **1101 Abbeys Way**
City, State, ZIP **Tampa, FL 33602**

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 in Chapter 608, F. S..


Registered Agent's Signature:

(CONTINUED)

FILED
03 SEP 18 AM 10:13
TALLAHASSEE, FLORIDA

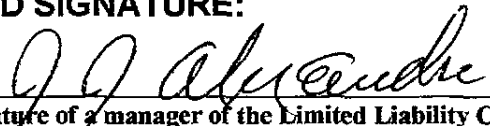
Article IV – Managers

The name and address of each Manager is as follows:

<u>Title</u>	<u>Name and Address</u>
<u>Manager</u>	<u>John J. Alexander, Principal</u> <u>1101 Abbeys Way</u> <u>Tampa, FL 33602-5958</u>
<u>Manager</u>	<u>Gene Hoffman, Principal</u> <u>401 Channelside Walk Way</u> <u>Tampa, FL 33602</u>

FILED
03 SEP 18 AM 10:13

REQUIRED SIGNATURE:



Signature of a manager of the Limited Liability Company

(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.)

John J. Alexander
Name of signee

Filing Fees:
\$100 Filing Fee for Articles of Organization
\$25 Designation of Registered Agent
\$125 Total