103000056648

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	#)
	_	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
•	·	
Certified Copies	Certificates of	of Status
	· · · · · · · · · · · · · · · · · ·	The second of th
		
Special Instructions to	Filing Officer:	ļ.
ļ		}
		1
		اهاما
		12/18/11
<u></u>		
	Office Use Only	108



400025593064

03 DEC 19 PM 12: 04

12/13/03--01073--007 **130.00

TRANSMITTAL LETTER

то:	Registration Section Division of Corporations	1			
SUBJE	CT: CLN Consulting, LLC (Name of Limited Liability Company)	SEUL INF	03 DEC 19	·	
SUBJECT: CLN Consulting, 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: Teffrey J, Newton					
	CLN Consulting, LLC (Finn/Company)		-		
_	9108 Down Crest Way (Address) Winder Mere, FL 34786 (City/State and Zip Code)				
	her information concerning this matter, please call: Tefficy J, Newfon 21, 407, 521-0366				

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
CLN Consultin	9, LLC				
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is				
The maining address and sireet address of the principal of					
Principal Office Address:	Mailing Address:				
9108 Down Crest Way Windermere, FL 34786	SAMESSE 5				
Windermere, FL					
34786	0.00 P. O.				
	P				
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registere					
Jeffrey J. Ne	wton				
Jeffrey J. Newton					
9108 Down Cie	st Way				
Florida street address (P.O. Box NOT acceptable)					
Windermere FL	ORIDA 34786				
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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
	. 1 . 1		
MGRM	Charlene Newton		
	9108 Down Crest Way		
	Windernere, FL 34786		
MGR	Jeffrey J. Newton		
	9108 Down Clest Poxy		
	Windermerc, FL 34186		
	TAKE A		
. / Y 1 1846 B	<u> </u>		
	V.C. To		
	20 E		
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
· .	•		
REQUIRED SIGNATURE:	1.14		
Leffur	-A. Munks		
Signature of a member or an au	thorized representative of a member.		
	(In accordance with section 608.408(3), Florida Statutes, the execution		
of this document constitutes an at that the facts stated herein are tru	ffirmation under the penalties of perjury		
Te ffra	T. Newton		
Typed or prii	J. Newton_		

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)