

L04000022815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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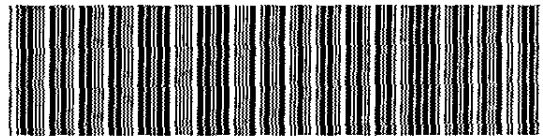
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Acknowledgement

DCC

W. P. Verifier

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAR 15 P 1:54

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Reservation of LLC Name

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: March 9, 2004

LLC Filings Office:

Please reserve the following proposed limited liability company name for my use for the allowable period specified under state law:

CLAM Properties LLC

If the above name is not available, please reserve the first available name from the following list of alternative names:

CLAM Investment Properties LLC

CLAM Investments LLC

I enclose a check in payment of the reservation fee. Please send a certificate, receipt for payment, or other acknowledgment or approval of my reservation request to me at my address shown below.

Thank you for your assistance,

Signed: 

Christopher Atkinson
2378 Riderwood Ct
Marietta, GA 30062

Enclosures: check for reservation fee, stamped, self-addressed envelope

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TALLAHASSEE, FLORIDA

LLC Filing Letter

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: March 9, 2004

LLC Filings Office:

I enclose an original and 1 copies of the proposed Articles of Organization of CLAM Properties LLC, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

Sincerely,

Signed: Christopher Atkinson

Christopher Atkinson
2378 Riderwood Ct
Marietta, GA 30062
Telephone: 4042813466

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAM Properties 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:

Chris Atkinson
(Name of Person)

(Firm/Company)

2378 Riderwood Ct
(Address)

Marietta, GA 30062
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Atkinson at (404) 281-3466
(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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLAM Properties LLC

ARTICLE II - Address:

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

Principal Office Address:

2378 Riderwood Ct

Marietta, GA 30062

Mailing Address:

2378 Riderwood Ct

Marietta, GA 30062

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Louis Proietto

Name

6550 North Federal Hwy Suite 410

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

Ft Lauderdale, FL 33308

FLORIDA

City, State, and Zip

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SECRETARY OF STATE
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, Florida Statutes..



Registered Agent's Signature

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

Chris Atkinson

2378 Riderwood Ct

Marietta, GA 30062

(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.)

CHRIS ATKINSON
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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2009 MAR 15 P 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA