

W4000038313

(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



700035805307

05/13/04--01034--022 **125.00

RECEIVED
MAY 13 2004
TALLAHASSEE, FLORIDA

FILED

04 MAY 13 01:3:41

W4-38313
AK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLIZH 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:

CLAIRE LIN
(Name of Person)

CLIZH LLC
(Firm/Company)

1751 EMERSON STREET
(Address)

PALO ALTO, CA 94301
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAIRE CHEN at (650) 714 7598
(Name of Person) (Area Code & Daytime Telephone Number)

RECEIVED
TALLAHASSEE
FLORIDA

MAY 13 11 3:42

FILED

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLIZH LLC

ARTICLE II - Address:

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

Principal Office Address:

1751 EMERSON STREET
PALO ALTO, CA 94301

Mailing Address:

1751 EMERSON STREET
PALO ALTO, CA 94301

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

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

SUSAN SCHELLHAMMER

Name

8535 SAND LAKE SHORES Drive

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

ORLANDO , FLORIDA 32836

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..

Susan Schellhammer

Registered Agent's Signature

RECEIVED
TALLAHASSEE, FLORIDA
01 MAY 13 PM 3:42

FILED

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

CLAIRE LIN
1751 EMERSON STREET
PALO ALTO, CA 94301

MGRM

SHUYE HUAN
2219 OBERLIN STREET
PALO ALTO, CA 94306

MGRM

TIEMIN ZHAO
2219 OBERLIN STREET
PALO ALTO, CA 94306

MGRM

ANTHONY LIN
1751 EMERSON STREET
PALO ALTO, CA 94301

(Use attachment if necessary)

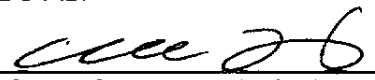
CLERK OF DISTRICT COURT
STATE OF FLORIDA

05 MAY 13 PM 3:42

FILED

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.)

CLAIRE LIN
Typed or printed name of signee

Filing Fees:

YES \$100.00 Filing Fee for Articles of Organization
YES \$ 25.00 Designation of Registered Agent
NO \$ 30.00 Certified Copy (Optional)
NO \$ 5.00 Certificate of Status (Optional)