

Division of Corporations

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

CLEAR MGMT LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name

The name of the Limited Liability Company is: **CLEAR MGMT LLC**

2008 JUL 20 A 10:01

ARTICLE II - Address

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

Principal Office Address:3 New Warrington RoadPensacola, FL 32506Mailing Address:3 New Warrington RoadPensacola, FL 32506

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

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

Bryan Webb

Name

3 New Warrington Road(P.O. Box or Mail Drop Box **NOT** Acceptable)**Pensacola, FL 32506**

(City / State / 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 - Bryan Webb

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

BC CORAL CLUB 293, LLC

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


JOSE R. BOSCHETTI
NAME

2901 S.W. 8 Street, Suite 204

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33135
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.



SIGNATURE

H04000149487

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

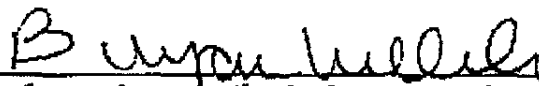
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Bryan Webb- 3 New Warrington Road, Pensacola, FL 32506</u>
<u>MGR</u>	<u>Phillip Anderson- 3 New Warrington Road, Pensacola, FL 32506</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Bryan Webb

Typed or printed name of signee