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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAY 26 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ICLS HOLDINGS, 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:

Lisa M. Bull  
(Name of Person)

Lechner & Associates, Inc.  
(Firm/Company)

7737 Holiday Drive  
(Address)

Sarasota, FL 34231  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa M. Bull at ( 941 ) 923-3671 x101  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

|                                                         |                                                                      |                                                                                             |                                                                                                                    |
|---------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

**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

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

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

CLS Holdings, LLC

**ARTICLE II-Address:**

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

**Principal Office Address:**

**Mailing Address:**

7737 Holiday Drive

Sarasota, FL 34231

7737 Holiday Drive

Sarasota, FL 34231

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

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

Lisa M. Bull

Name

7737 Holiday Drive

Florida street address (P.O. Box

**NOT** acceptable)

Sarasota, FL 34231

FL

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, F.S..*

Lisa M. Bull

Registered Agent's Signature

(CONTINUED)

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**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:**

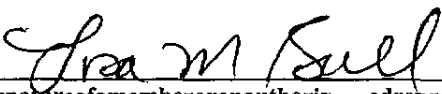
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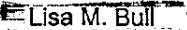
(Use attachment if necessary)

**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.)

  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)