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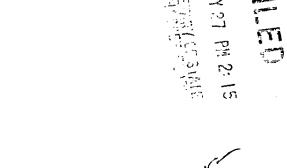
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

TO: Registration Se Division of Cor		-	
SUBJECT: Commerce	cial Clearing Consultants, LL	.C I Liability Company)	
	(
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
Scott A.	Ybanez, Sr.		
	1)	Jame of Person)	
Commercial Clearing	r Consultants, LLC		
- Olimitor olica Glocaling		Firm/Company)	
10131 Lipso	n Drive		
		(Address)	
Jacks	onville, FL 32257		
		State and Zip Code)	**
		<u>.</u>	
For further information of	concerning this matter, please	call·	
	voitouring and manuar, product		
Scott Ybanez		at / 904 334-4694	
	of Person)	at (904) 334-4694 (Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		- N - W
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	7 \$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

ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:
Commercial Clearing Consultants, LLC	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	, Registered Office, & Registered Agent's Signature:
The name and the Florida street add	•
Scott A. Ybanez,	Sr. Name
10131 Lipson Dri	
Jacksonville, FL	32257 FL City, State, and Zip
liability company at the place de	agent and to accept service of process for the above stated limited esignated in this certificate, I hereby accept the appointment as a 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..

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Scott A. Ybanez, Sr. 10131 Lipson Drive Jacksonville, FL 32257
MGR	Eileen C. Ybanez 10131 Lipson Drive Jacksonville, FL 32257
(Use attachment if necessary)	
	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.)

Scott A. Ybanez, Sr.

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)