L05000077179

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phon	a #f)
(Olty/Olate/Lip/Filoto	<i>5 </i>
PICK-UP WAIT	MAIL
(Business Entity Nar	me)
(Document Number)	
Certified Copies Certificate:	s of Status
Special Instructions to Filing Officer:	1
	1
	}
ĺ	{
	·

Office Use Only



600057514376

07/25/05--01025--013 **125.00

SEGRETARY OF STATE STATE CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Clear Cable Avdio 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:			
MICHAEL DEMPSEY (Name of Person)			
(Name of Person)			
CLEAR CABLE AUDIO LLC			
(Firm/Company)			
908 SE WTH ST			
(Address)			
FT CHUN ERDALE, FC. 33316 (City/State and Zip Code)			
For further information concerning this matter, please call:			
MCUAEL DEWSEY at 754 463-7809 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
STREET ADDRESS: Registration Section Registration Section Right of Companions			

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



July 27, 2005

MICHAEL P. DEMPSEY 1005 W. STATE ROAD 84 FT. LAUDERDALE, FL 33315

SUBJECT: CLEAR CABLE AUDIO LLC

Ref. Number: W05000035672

We have received your document for CLEAR CABLE AUDIO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is not legible cannot read the address's on the mailing, registered office street address

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 705A00048914

Neysa Culligan Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Clear Caloie Audio LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: W. STATE SED. 84 1005 Pt Lander Lank, Fl 33315 PT (AUDERIDAVE, FL 373/6 APTICLE IV. Posistored Agent Registered Office & Registered Agent's Signature.			
The name and the Florida street address of the registered agent are: MCUAEL PDEUPSEY 15 15 15 15 15 15 15 1			

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

(CONTINUED)

	The name and address of each Manager or Managing Member is as follows:	
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRY	MICHAELP DEMOSELY	908 SE 14 TH ST FT LAUDERDAUE, FL. 33316
MGR	m Paul B Simpson	470 NW 102 Terrace Pambroke Pines, FI 3331
	(Use attachment if necessary)	
	NOTE: An additional article must be	e added if an effective date is requested.
	REQUIRED SIGNATURE:	
	Signature of a member of	or an authorized representative of a member.
	(In accordance with section of this document constitution)	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)

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)

Page 2 of 2

Typed or printed name of signee