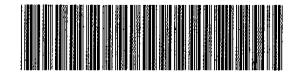
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SECRETARY OF STATE TALLAHASSEE FLORIDA

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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: CLEARWATER PROFESSIONAL ACCOUNTING SERVICES
(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:
DONALD MUSSELMAN
(Name of Person)
CLEARWATER PROFESSIONAL ACCOUNTING SERVICES, LLC
(Firm/Company)
10250 TEMPLETON LANE
(Address)
FORT MYERS, FLORIDA 33913
(City/State and Zip Code)
For further information concerning this matter, please call:
DONALD MUSSELMAN at (239) 634-5186
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{\$160.00 Filing Fee} \$\$160
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEARWATER PROFESSIONAL ACCOUNTING SERVICES, LLC

Mailing Address:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

10250 TEMPLETON LANE FORT MYERS, FLORIDA 33913	10250 TEMPLETON LANE FORT MYERS, FLORIDA 33913			
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	ed Office, & Registered Agent' istered Agent. You must designate an indiv	's Signature vidual or another	:	
The name and the Florida street address of the registered agent are:		TAL TAL	08	
SUSAN MUSSELMAN		F C PR	NIN 80	i i
Name		AS	25	227 227
10250 TEMPLET	ON LANE	SEC.		i i
Florida street address (P.O. Box NOT acceptable)				- 7
FORT MYERS, F	LQRIDA 33913		ည္	25.0
City, State,	, and Zip	₽ ¹ 11	.	

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 (REQUIRED)

(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:

Title:		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MGR		DONALD MUSSELMAN	
	<u> </u>	10250 TEMPLETON LANE	
		FORT MYERS, FLORIDA 33913	
MGRM		SUSAN MUSSELMAN	
		10250 TEMPLETON LANE	
		FORT MYERS, FLORIDA 33913	
			
(Use attachment	if necessary)		
T.E.V. Effective	date if other than the d	late of filing: (OPTION	JATA
		specific and cannot be more than five business d	
days after the da			•
REQUIRED SIG	GNATURE:		
	6/11	77	> `
	frall 2	TALL TALL	8
	Signature of a member	or an authorized representative of a member.	
		or an authorized representative of a member.	70 TI
	(In accordance with section of this document constitu	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	11 25 PM
	(In accordance with section of this document constitute that the facts stated her	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury rein are true.)	3
	(In accordance with section of this document constitute that the facts stated her	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury rein are true.)	35 PH

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)