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(Re	questor's Name)	
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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09 MAY 20 AM 9: 43
SECRETARY OF STATE
AHASSEE FLORIDA

HAY 20 AM 9: 1:

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Clarity Creative Gr Name of Limited Liabi	lity Company	
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to the	e following:	
David Forman	C Parson	
Clarity Creative Gr		
12 472 (ake Underhil	Rd. #219	
Oclando, FL 32828 City/State and Zip Code		
david. forman @ iwantclarity. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: David Forman at (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
Certificate of Status Ce	5.00 Filing Fee & \$160.00 Filing Fee, rtified Copy ditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::	
Clarity Creative Grow (Must end with the words "Limited Liab	D L.L.C. ility Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi		
business entity with an active Florida registration.)		
The name and the Florida street address of the	•	
David Forman	e	
Florida street address (P.C.	D. Box NOT acceptable)	
Oclando, FL City, State,	FL 32825 and Zip	
Having been named as registered agent and to	accept service of process for the above stated limited	

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)

FILED

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

Page 1 of 2

ARTICLE	IV-	Manageri	(s) or	Managing	Memberi	(s):
$\alpha n \cdot n $	# V -	Manager	10 U	MIANAZINZ	TATOMINOT	

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MGRM</u>	David Forman 11903 Sandy Knoll Ct. Orlando FL 32825
<u>mgrm</u>	Craig Brooks 209 Centerclub Trail Longwood, FL 32779
(Use attachment if necessary)	
	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
of this document consti that the facts stated here	Ć .
Typ	raia Brooks ed or printed name of signee
\$125.00 Filing Fee for Articles of Organ	ization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)