

L10000003403

Kim Mask

(Requestor's Name)

900 Thomasville Rd

(Address)

(Address)

Tallahassee FL 32303 (850) 681-8530

(City/State/Zip/Phone #)

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ClearView Research LLC

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. HAMPTON

JAN 11 2010

EXAMINER



**ARTICLES OF ORGANIZATION**

**FOR**

**CLEARVIEW RESEARCH, L.L.C.**

The undersigned subscribes to these Articles of Organization for the purpose of forming a Limited Liability Company, which shall become effective upon filing of these Articles with the Secretary of State.

**ARTICLE I**

The name of the Limited Liability Company is "Clearview Research, L.L.C."

**ARTICLE II**

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

Clearview Research, L.L.C.  
906 Thomasville Road  
Tallahassee, Florida 32303

**ARTICLE III**

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

Steve Vancore  
906 Thomasville Road  
Tallahassee, Florida 32303

**ARTICLE IV**

The name and address of the Managing Member are as follows:

Steve Vancore  
906 Thomasville Road  
Tallahassee, Florida 32303

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The name and address of the Members and their ownership interests are as follows:

VancoreJones, Inc. 99 %  
906 Thomasville Road  
Tallahassee, Florida 32303

Steve Vancore 1% (Managing Member)  
906 Thomasville Road  
Tallahassee, Florida 32303

**ARTICLE V**

The purpose for which this Limited Liability Company is formed is to conduct any lawful business permitted under the laws of the United States or of the State of Florida.

IN WITNESS WHEREOF, in accordance with Section 608.408(3), Florida States, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
STEVE VANCORE

**VERIFICATION**

STATE OF FLORIDA )

COUNTY OF LEON )

The foregoing instrument was acknowledged before me this 7 day of January, 2010, by Steve Vancore, who is personally known to me OR who provided a valid driver's license as identification (strike through one).

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WITNESS my hand and seal in the County and State named above on this 7 day of January, 2010.

Jaime Oberson Cole  
NOTARY PUBLIC

Notary Public: JAIME OBERSON COLE  
Printed Name



My Commission Expires:

**ACCEPTANCE BY REGISTERED AGENT**

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, Florida Statutes.

Steve Vancore  
STEVE VANCORE

Date: 1-7-10

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