

L10000067316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900182386439

06/23/10--01019--009 \*\*130.00

EFFECTIVE DATE

6/24/10

FILED

10 JUN 23 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Callegan

JUN 24 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cleared Hot 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:

Tom Martin

Name of Person

Martin Environmental Solutions, Inc.

Firm/Company

8823 San Jose Boulevard, Suite 103

Address

Jacksonville, Florida 32217

City/State and Zip Code

tmartin@martinenviro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas M Martin

Name of Person

at ( 904 )

737-1034

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Cleared Hot LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

1269 Esker Martin Road  
Bonifay, Florida 32425

#### Mailing Address:

8823 San Jose Boulevard  
Suite 103  
Jacksonville, Florida 32217

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Thomas M Martin

Name

8823 San Jose Boulevard, Suite 103

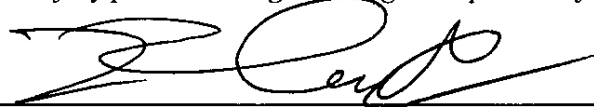
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, Florida FL 32217

City, State, and Zip

FILED  
10 JUN 23 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Scott Martin

8823 San Jose Boulevard, Suite 103

Jacksonville, Florida 32217

MGR

Thomas M Martin

8823 San Jose Boulevard, Suite 103

Jacksonville, Florida 32217

MGR

Mark Martin

8823 San Jose Boulevard, Suite 103

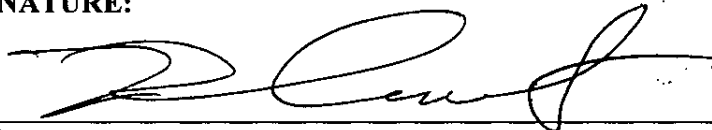
Jacksonville, Florida 32217

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 21, 2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Thomas M Martin

Typed or printed name of signee

FILED  
10 JUN 23 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**