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SECRETARY OF STATE

C. LEWIS

AUG 2 2 2011

EXAMINER



EIN#45-295-7750

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2011

PATRICK CLARK PATRICK CLARK LLC. 404 HAMMOCK PINES BLVD. CLEARWATER, FL 33761

SUBJECT: PATRICK CLARK LLC. Ref. Number: W11000041607

We have received your document for PATRICK CLARK LLC. and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00018702

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Aug 15 11 11:45a C.C. & G Fax Service

COVER LETTER

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	TO:

Registration Section Division of Corporations

SUBJECT: PATRICK A CLARK, L	LC		
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
ROMAN ALBANO			
	Name of Person		
CONTRACTORS REPOR	RTING SERVICE, INC		
	Firm/Company		
13795 N NEBRASKA AVE			
	Address		
TAMPA, FL 33624			
Ci	ty/State and Zip Code		
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, pleas	e call:		
ROMAN ALBANO	at (813) 932-5244		
Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 - Na The name of the L	i me: Limited Liability Comp	any is:			
PATRICK A CLA	ARK, LLC				
(N	Aust and with the words "Limit	ted Liability Company,	"L.L.C.," or "LLC.")	. <u></u>	
ARTICLE II - A The mailing addre	ddress: ess and street address of	f the principal off	ice of the Limited Lial	bility Company is:	
Principal Office	Address:	Mailing	Address:		
404 HAR Clearwater	nmock PiNes r, FL 3376	s Blud-	SAME.		
(The Limited Liability	Registered Agent, Reg Company cannot serve as its ov a active Florida registration.)	istered Office, & wn Registered Agent. Y	Registered Agent's a communication Registered Agent's a communication Registered Registe	Signature: ual or mother	
The name and the	Florida street address	of the registered a	igent are:	2011 SE TAL	
	Victor 6	Name		2011 AUG - 8 SECRETAR TALLAHASS	TI
	3186 Hu	LON AVE	APT B. ox NOT acceptable)	m -≺.	
			0x <u>NOT</u> acceptable)	OF STATE	C
	ned as registered agent (any at the place designa				

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

FILED

The name and address of each l	Manager or Managing Member is as follows:	2011 AUG-8 PM 8: 48
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	PATRICK CLARK 404 HAMMOCIC PIA Clearwater, Florida	ves Blud. 33761
MGR	VICTOR GONZACZ 3136 HURON AUE I Oldsmar, FL 346	
		<u> </u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Act 3, 201! (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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