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EXAMINER



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08/22/11--**01095**--UUZ **125.00

EFFECTIVE DATE \$\\\20\\\



COVER LETTER

Division of Corporations	,
SUBJECT: ClearPay Solutions LLC	٠.
Name of Limited Liability Company	٠٠.
	м
The enclosed Articles of Organization and fee(s) are submitted for filing.	25
Please return all correspondence concerning this matter to the following:	32.5
Deministr C. Visate III	2
Dominick S. Viesta, Jr Name of Person	3
1	
United Merchant Solutions LLC Firm/Company EFFECTIVE DATE 8 20	, ,
riniv Company LITECTIVE DATE 0 20 20	Ч
3441 Flamingo Ave	
Address	
Sarasota, Florida 34242	
City/State and Zip Code	
dviesta@umsbiz.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dominick S. Viesta, Jr. at (914) 755-2175	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times\$	
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
(dadinolal top) to distorti	
Mailing Address Street/Courier Address	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32314 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	A THE STANDING THE
ClearPay Solutions LLC	<i>د</i> ہ' :
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3441 Flamingo Ave Sarasota, FL 34242	3441 Flamingo Ave Sarasota, FL 34242
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Dominick S. Viesta, J	r.
Name	
3441 Flamingo A	∖ ve
Florida street addr	ess (P.O. Box NOT acceptable)
Sarasota	_{FL} 34242
City, Stat	e, and Zip

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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Kimberly A. Viesta	
	3441 Flamingo Avenue	
	Sarasota, FL 34242	
MGR	Dominick S. Viesta, Jr.	
	3441 Flamingo Avenue	
•	Sarasota, FL 34242	<u> </u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 20, 2011 (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.)

Dominick S. Viesta, Jr.

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)