211000133404

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	· ·
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900214363339

11/22/11--01006--021 **155.00

FILED

11 NOV 22 PM 3: 37

SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
NOV 2 3 2011
EXAMINER

COVER LETTER

TO:	Registration Section , Division of Corporations =	
SUBJE	Clauvil Enterprises, LLC	
SOBJE	Name of Limited Liability Company	
The en	osed Articles of Organization and fee(s) are submitted for filing.	
	turn all correspondence concerning this matter to the following:	
	Ashley Clauvil Name of Person	
	Name of Person	
	Clauvil Enterprises, LLC	
	Firm/Company	
	7504 Deland Ave.	
	Service Servic	<u>(</u>
l	ort Pierce, FL 34951 City/State and Zip Code	_
		「「「
	shleyclauvil84@gmail.com E-mail address: (to be used for future annual report notification)	Ţ
	OR W	
For fur	er information concerning this matter, please call:	
Ashle	y Clauvil 501-1818	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	d is a check for the following amount:	
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$\int \\$155.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}}\$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: Clauvil Enterprises, 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:** Mailing Address: 7504 Deland Ave. 7504 Deland Ave. Fort Pierce, FL 34951 Fort Pierce, FL 34951 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: Ashley Clauvil Name 7504 Deland Ave. Florida street address (P.O. Box NOT acceptable) Fort Pierce 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

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:
MGRM	Ashley Clauvil 7504 Deland Ave.
	Fort Pierce, FL 34951
MGRM	Frantzer Clauvil
	7504 Deland Ave.
	Fort Pierce, FL 34951
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL
effective date is listed, the date must b	be specific and cannot be more than five business days
0 days after the date of filing.)	₽¢: _
DECLUDED CLONATURE	LAH LAH
REQUIRED SIGNATURE:	NOV 22 CHETARY AHASSE
	m _G =
Signature of a memb	er or an authorized representative of a member.
	~~ &

Ashley Clauvil

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)