

L120000011297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

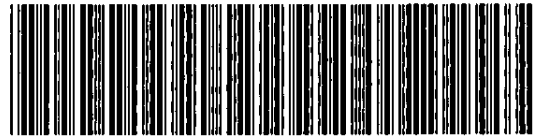
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JAN 24 2012  
**EXAMINER**



200215481832

01/25/12--01001--002 \*\*155.00

RECEIVED  
12 JAN 24 PM 1:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 JAN 24 PM 4:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 24 PM 4:00

**CONTACT:** Kim Weidenbach

**DATE:** 01/24/12

**REF. #:** 000174.160623

**CORP. NAME:** CLARK GULFCOAST PROPERTIES, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 543048 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

CLARK GULF COAST PROPERTIES, LLC,  
a Florida limited liability company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 24 PM 4:00

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

CLARK GULF COAST PROPERTIES, LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

126 North Salem Street  
Suite 206  
Apex, North Carolina 27502

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Cheryl L. Gordon  
240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

23<sup>rd</sup> IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
day of January, 2012.

WITNESSES:

\_\_\_\_\_  
Print Name \_\_\_\_\_

SHCL  
Stephen H. Clark

\_\_\_\_\_  
Print Name \_\_\_\_\_

\_\_\_\_\_  
Print Name \_\_\_\_\_

Mary L. Clark  
Mary L. Clark

\_\_\_\_\_  
Print Name \_\_\_\_\_

"MANAGERS"

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

CLARK GULFCOAST PROPERTIES, LLC

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

Cheryl L. Gordon  
240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

1/24/12

  
Cheryl L. Gordon

"REGISTERED AGENT"