L12000032136

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
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(Document Number)
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B. KOHR

MAR 7 2012

EXAMINER



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03/05/12---01024---003 **125.00

EFFECTIVE DATE 3 112012



COVER LETTER

TO:	Registration Sec Division of Cor		.	•
SUBJE	ст:/	CLEAR Name of Limited L	e ENERGY L	LLC
		Name of Limited L	iability Company	1 1 2
			ECCC^TI\	15 DATE 2/1/2014
The end	closed Articles of 0	Organization and fee(s) are subr	nitted for filing.	EDAIE ATTE
				# 1 OF CO
Please r	eturn all correspon	ndence concerning this matter to	the following:	* 200
			-	TE DATE_ 3 1 2012
_	FRE	DERICK L. THI	ELMA5	
		Nar	ne of Person	5 .
		nama Clarate	15.00 11C	بې
-	FLE	DEIDA CLEAR EN	MCompony	
		Fill	п/Сопрапу	
	1430	O LURAU LD		
-	7-7-3-0	O LURAY KD	Address	1 HB
_	SOUTH	City/Sta Mas @ att, Net	1 FL 3333	0
	11/ /	City/Sta	te and Zip Code	
	(thel	Mas@att. Net		
_		E-mail address: (to be used for fu	ture annual report notification)	
For furtl	her information co	ncerning this matter, please call	l <u>:</u>	
			•	
FIE	TREKICK L.	THELMAS	054 (51-	9544
	Name of	THBLM45 at	Area Code & Daytime Tele	phone Number
			•	•
Enclose	ed is a check for	the following amount:		
			_	_
\$125.00	Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
			Certified Copy	Certificate of Status & Certified Copy
			(additional copy is enclosed)	(additional copy is enclosed)
				,
		Mailing Address	Street/Courier Address	
		Registration Section	Registration Section	
		Division of Corporations	Division of Corporations	3
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	irola
	•	rananassee, FL 32314	2001 Executive Center C	AILCIG.

Tallahassee, FL 32301

EFFECTIVE DATE 3 1 2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	2 Pure Section
FLORIDA CLEAR ENERGY, L	14C
(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 pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14300 LURAY LD SOUTHWEST RANCHES, FL 33330	

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

Name

14300 LURAY RD

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

Southwast Ranches FL 33330

City, State, 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)

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

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

116.0.0	aber
MGRM	FLEDERICK L. THEZMAS 14300 LUMY LD SOUTHWOST LANGUES, FL 33330
	14300 LULAY LD
	SOUTHOUST LANGUES FL 33330
MGRM	CLEAR ENERGY LLC
	33 WEST ST.
	CLEAR ENERGY, LLC 33 WEST ST. BLOOM FIELD, NJ 07003
λ	
	4-, -
(Use attachment if necessary	<i>a</i>
•	,
LE V: Effective date, if other	r than the date of filing: $\frac{3/1/2c/2}{}$. (OPTION
	e must be specific and cannot be more than five business d
fective date is listed, the dat	
fective date is listed, the dat	

(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.)

F. L. THECMAS

Typed or printed name of signee

Filing Fees:

14.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)