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SEGRETARY OF STATE

OCT -1 AM ID: 20

J. SAULSBERRY EXAMINER OCT 3 2012

COVER LETTER

Division of Corporations	
SUBJECT: CLARK'S PLANT SERVICES, LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William G. CLARK IT Name of Person	
CLARK'S PLANT SERVICES, LLC Firm/Company	
4001 SANTA BARBARA Blud. #355	
Naples, Florida 34104	7817 ACT
City/state and Zip Code	<u> </u>
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
_ WAYNEK. Hessor at 307, 883-3040	Ö
/ Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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	y Company is:
Principal Office Address: Mailing Address:	
4001 SANAA BARBARA Blud #355 4001 SANAA BA NAPLES, Florida 34104 NAPLES, Florid	<u>A</u> ARA Blud. <u>da</u> 34104 —
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: William G. Clark II Name Street	2012 OCT -1 AM 10: 20 SECRETARY OF STATE
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapte	pointment as provisions of all piliar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

MGRM 30 East Pelican Street Naples, Fla. 34/13 Member Blake Buckley 3733 Ashley Court Naples, Fla. 34/16 Naples, Fla. 34/16 (Use attachment if necessary)	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary) (OPTION flective date is listed, the date must be specific and cannot be more than five business dated days after the date of filing.) (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.) (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes a uniformation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) (In accordance with section 608.408(3), Florida Statutes, the execution of this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) (In accordance with section 608.408(3), Florida Statutes, the execution of this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	MGRM	William & Clark 30 East Pelican Street Naples, Fla. 34113
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REQUIRED SIGNATURE: Comparison of Registered Agent Status (Optional)	(Use attachment if necessary)	LORIDA
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Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Raymond V. Kotowski	
		-
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	SSR.	
•		ID: 30
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\$ 5.00 Certificate of Status (Optional)

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