# L13000086155

| (Re                     | questor's Name)   |                                       |
|-------------------------|-------------------|---------------------------------------|
| (Ad                     | dress)            |                                       |
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|                         | y/State/Zip/Phone |                                       |
| PICK-UP                 | WAIT              | MAIL                                  |
| (Bu                     | siness Entity Nan | ne)                                   |
| (Do                     | ocument Number)   | <del>,</del>                          |
| Certified Copies        | _ Certificates    | of Status                             |
| Special Instructions to | Filing Officer:   |                                       |
|                         |                   |                                       |
|                         |                   |                                       |
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TO ACKNOWLEDGE
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2013 JUN 14 PH 11: 02

SECRETARY OF STATE OF

JUN 1 3 2013 T. HAMPTON

# **COVER LETTER**

|             | egistration Sec<br>vivision of Corp |   |   |  |
|-------------|-------------------------------------|---|---|--|
| SUBJECT     | r: <u>5</u>                         | Name of Limite                              | CLUSIVE LLC   | <del></del>  |
| The enclos  | sed Articles of (                   | Organization and fee(s) are s               | ubmitted for filing.  | ·  |
| Please retu | ırn all correspor                   | ndence concerning this matte                | er to the following:  |  |
|             | Sai                                 | ndy L. Gran                                 | Name of Person  |  |
|             | <del> </del>                        |   | Firm/Company  |  |
|             | 4012                                | martha c                                    | Address   |  |
| _           | [A AHA                              | Cit   | 3230 S<br>y/State and Zip Code  |  |
|             | Sand                                | L Golffillo                                 | Or Juliure annual report notification)                                |  |
| For furthe  | r information co                    | oncerning this matter, please               | •   |  |
| _5          | andy (                              | RHHU II                                     | at (150) 524-C  | DSO S<br>hone Number   |
| Enclosed    | l is a check for                    | the following amount:                       |   |  |
| \$125.00    | Filing Fee                          | \$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|             |                                     | Mailing Addungs                             | Street/Courier Address  |  |

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SLGZ             | I        | EXClus            | ive.       | LLC        |             |             |          |           |        |     |
|------------------|----------|-------------------|------------|------------|-------------|-------------|----------|-----------|--------|-----|
| (1               | Must end | with the words "I | imited Lia | bility Com | oany, "L.L. | C.," or "LL | C.")     |           | ,      |     |
|                  |          |                   |            |            |             |             |          |           |        |     |
| ARTICLE II - A   | lddress  | :                 | •          |            |             |             |          |           |        |     |
| The mailing addr | ess and  | street addres     | s of the   | principa   | office of   | of the Lin  | nited Li | ability C | ompany | is: |

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Principal Office Address: | Mailing Address:    |
|---------------------------|---------------------|
| 4012 morths Ir            | 4812 marsha for     |
| TAPATABLE FL 32305        | TAMAHABBLE FL S2305 |

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:

| Compared to the compared to the registered agent are:
| Compared to the compared to the registered agent are:
| Compared to the regist

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

SECRETARY OF STATE SECRETARY OF STATE

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

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

| "MGRM" = Managing Mo  | Rebecca GRIFFIL  |
|---|--|
| Malm  | Stady CRATU TIT<br>4012 Martin TO<br>TAllatogue, T 32300   |
| · · ·   |  |
|   |  |
| (Use attachment if necess   | ary)   |
| CLE V: Effective date, if o effective date is listed, the or 90 days after the date | ther than the date of filing: (OPTIONAle date must be specific and cannot be more than five business of filing.) |

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.)

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)

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