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54 July

## **COVER LETTER**

Registration Section TO: **Division of Corporations** Clydesdale Commercial 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: Gabriela Benedetto Name of Person Clydesdale Commercial LLC 655 West Camino Real Address Boca Raton FL, 33406 City/State and Zip Code xenabenedetto@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gabriela Benedetto Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Com	pany is:		
Clydesdale Commercial LLC			
(Must end with the	e words "Limited Li	ability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address:			
The mailing address and street address	of the principal offic	ce of the Limited Liability Compa	any is:
Principal Office Address:	Malling	Address:	
Clydesdale Commercial LLC		Clydesdale Commercial LLC	
655 W Camino Real	<del></del>	655 W Camino Real	
Boca Raton, FL. 33406	· · · · · · · · · · · · · · · · · · ·	Boca Raton, FL. 33406	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active F The name and the Florida street address	t serve as its own Re Torida registration.)	egistered Agent. You must design	ate an individual or
		,·	
Gabriela Benedet	Name	<del> </del>	
655 West Camino	Real		
	address (P.O. Box N	OT acceptable)	
Boca Raton	1	FL 33406	
	City	Zip	
Having been named as registered agen the place designated in this certifica capacity. I further agree to comply we of my duties, and I am familiar with	te, I hereby accept th ith the provisions of and accept the oblig	he appointment as registered agen all statutes relating to the proper (	nt and agree to act in this and complete performance
Register	red Agent's Signatur (CONTINUE)		
	Page 1 of 2		

Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and	i Address:		
					x an
<u> </u>					
(Use attachment if nece					
ective date is listed, the of filing.)	date must be speci	filing: <u>January 1st</u> fic and cannot be	, 2014 more than fiv	(OP' e business day	FIONAL) 's prior to or
ective date is listed, the of filing.)  E VI: Other provisions,	date must be speci	ific and cannot be	more than five	e business day	ΓΙΟΝΑL) 's prior to or
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