

L14000008578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

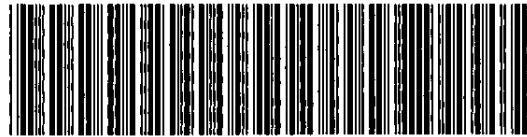
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/14--01033--001 **125.00

Effective Date

1/10/14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 13 PM 1:45

1/16

(Handwritten signature/initials)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clear Screen IP 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:

Victoria E. Brieant

Name of Person

Law Office of Victoria E. Brieant

Firm/Company

4000 Ponce de Leon Boulevard, #470

Address

Coral Gables, FL 33146

City/State and Zip Code

victoria@brieantlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria E. Brieant at 305 421-7200
Name of Person Area Code Daytime Telephone Number

Enclosed 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, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Effective Date 1/10/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clear Screen IP LLC

(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 Company is:

Principal Office Address:

Mailing Address:

4000 Ponce de Leon Boulevard, Suite 470

Coral Gables, FL 33146

4000 Ponce de Leon Boulevard, Suite 470

Coral Gables, FL 33146

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:

Victoria E. Brieant

Name

4000 Ponce de Leon Boulevard, Suite 470

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

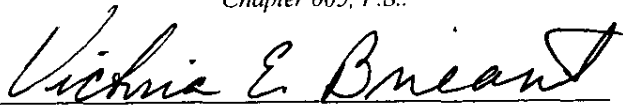
Coral Gables

City

FL 33146

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER AMBR

Name and Address:

John W. Carpenter, Law Offices of John W. Carpenter
839 Baronne Street, New Orleans, LA 70113

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/10/2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

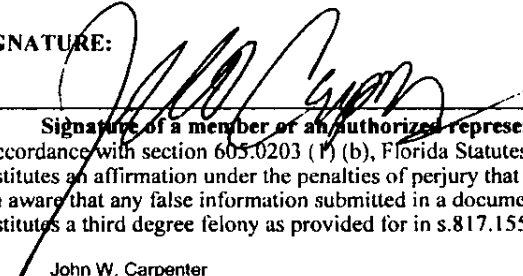
ARTICLE VI: Other provisions, if any.

This Company is organized for the purpose of engaging in any activity within the purposes for which a limited liability company may be formed under the

Florida Limited Liability Company Act, including matters incidental or pertaining to, or connected with, such purposes, provided the same shall not be inconsistent

with the laws of the State of Florida.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

John W. Carpenter

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)