

L14 0000 20280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

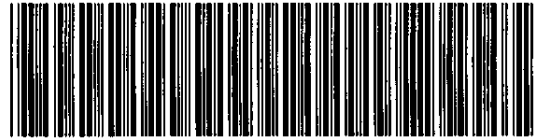
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/09/14--01006--014 **125.00

Effective Date 2/1/14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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2/6

PT

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLEARWATER TECHNOLOGY ALLIANCE
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:

JASON BENNICK

Name of Person

CTA

Firm/Company

600 CLEVELAND ST SUITE 204

Address

CLEARWATER FL 33755

City/State and Zip Code

jasonbennick@yahoo.com

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

For further information concerning this matter, please call:

JASON BENNICK

Name of Person

at **(443) 454-5893**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2014

JASON BENNICK
600 CLEVELAND ST
SUITE 204
CLEARWATER, FL 33755

SUBJECT: CLEARWATER TECH ALLIANCE LLC
Ref. Number: W14000002491

We have received your document for CLEARWATER TECH ALLIANCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 9, 2014. Please amend your document accordingly.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 114A00000889

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Effective Date 2/1/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEARWATER TECH ALLIANCE 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:

600 CLEVELAND ST

SUIT E204

CLEARWATER, FL 33755

Mailing Address:

600 CLEVELAND ST

SUITE 204

CLEARWATER, FL 33755

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:

JASON BENNICK

Name

600 CLEVELAND ST SUITE 204

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

CLEARWATER FL 33755

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 605 F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JASON STANNARD

600 CLEVELAND ST SUITE 204

CLEARWATER, FL 33755

MGRM

JASON BENNICK

600 CLEVELAND ST SUITE 204

CLEARWATER, FL 33755

MGRM

STEVE ALLEN

1499 GULF TO BAY BLVD

CLEARWATER, FL 33755

MGRM

TIM LINDBLOM

300 S MADISON AVE

CLEARWATER, FL 33756

MRGM

STU SJOUWERMAN


601 CLEVELAND ST. SUITE 230

CLEARWATER, FL 33755

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/1/14. (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.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605, 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.)

JASON BENNICK

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)