

L14000115665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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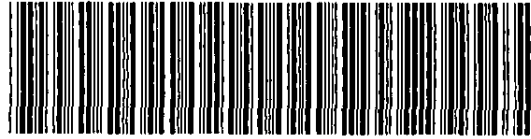
(Business Entity Name)

(Document Number)

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14 JUL 22 PM 3:48

14 JUL 22 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 23 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **07/22/2014**

**REF. #:**           **9217700**

**CORP. NAME:**   **CLAURE GROUP LLC**

- |                                                      |                                                 |                                                       |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |                                                 |                                                       |
| <input type="checkbox"/> OTHER:                      |                                                 |                                                       |

**STATE FEES PREPAID WITH CHECK# 70024088 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |                                                    |                                                       |                                             |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |                                                       |                                             |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**CLAURE GROUP LLC**

**ARTICLE I. NAME**

The name of the Limited Liability Company is Claire Group LLC.

**ARTICLE II. ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 200 South Biscayne Boulevard, 39th Floor, Miami, FL 33131.

**ARTICLE III. REGISTERED AGENT, REGISTERED  
OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are Clayton E. Parker, Esq., 200 South Biscayne Boulevard, 39th Floor, Miami, FL 33131.

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 of the Florida Statutes.



Registered Agent's Signature

Date: July 22, 2014

**ARTICLE IV. MANAGER**

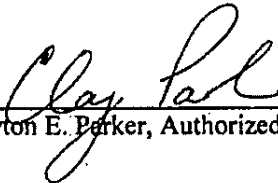
The name and address of the Manager of the Limited Liability Company are as follows:

Raul Marcelo Claire

200 South Biscayne Boulevard, 39th Floor  
Miami, FL 33131

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14 JUL 22 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date: July 22, 2014

  
\_\_\_\_\_  
Clayton E. Parker, Authorized Person

In accordance with Section 605.0203(1)(b) of the 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 Section 817.155 of the Florida Statutes.

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