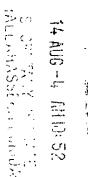
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Office Use Only



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COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	CCT: <u>Clear I</u>	「Solutions, LLC Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Lisa M. F	Pereira	Name of Person	
			Name of Person	
	Clear IT	Solutions, LLC	r' lo	
			Firm/Company	
	5943 Pa	xton Court		
			Address	
	Apopka,	FL 32703		
		C	Sity/State and Zip Code	
nā	ot2nome@liv	e.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	on concerning this matter, plea	ase call:	
Lisa N	/l. Pereira	at (4	107) 536-5477	
	Nar	ne of Person		elephone Number
Enclose	ed is a check fo	or the following amount:		
□ \$125.0	0 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Clear IT Solutions, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5943 Paxton Ct Apopka, FL 32703	5943 Paxton Court Apopka, FL 32703	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered at	Registered Agent. You must designate an individual or a.)	
Lisa M. Pereira		
Name		
5943 Paxton Court Florida street address (P.O. Box	NOT acceptable)	
Apopka,	FL 32703	
City	Zip	
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performan igations of my position as registered agent as provided for in er 605, F.S	ce
Swam Ps	neva	
Registered Agent's Signat	ure (REQUIRED)	
(CONTINUE	ED) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·.
Page 1 of 2		7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

îtle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	<u>Lisa M. Pereira</u>
	5943 Paxton Court
	Apopka, FL 32703
V: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: <u>08/01/2014</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the date entire date is listed, the date must be sperfilling.) CVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the date efficiency date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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W: Effective date, if other than the date effective date is listed, the date must be specifiling.) WI: Other provisions, if any. Signature of a men (In accordance with section 60) constitutes an affirmation unde I am aware that any false information constitutes a third degree felonger.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)