

L14000159622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

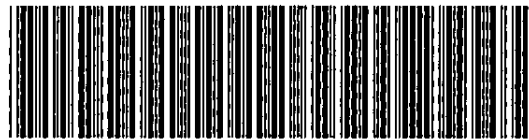
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-54934

Office Use Only



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09/12/14--01007--017 **160.00

SECRETARY OF STATE
TREASURER
FLORIDA

2014 SEP 12 PM 3:53

FILED

OCT 13 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2014

JORDAN PAUL TATE
410 ENCLAVE CIR APT 308
COSTA MESA, CA 92626

SUBJECT: CLEVER MOTIF LLC
Ref. Number: W14000056934

We have received your document for CLEVER MOTIF LLC and your check(s) totaling \$160.00. 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 September 12, 2014. Please amend your document accordingly.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 314A00019910

FLORIDA DEPARTMENT OF STATE
RECEIVED-REGISTRATION

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLEVER MOTIF 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:

JORDAN PAUL TATE
Name of Person

CLEVER MOTIF
Firm/Company

410 ENCLAVE CIR APT 308
Address

COSTA MESA, CA 92626
City/State and Zip Code

JORDANPTATE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN PAUL TATE at (925) 567-3268
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLEVER MOTIF 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:

1241 LAKE LUCERNE CIR
WINTER SPRINGS, FL 32708

410 ENCLAVE CIR APT 308
COSTA MESA, CA 92626

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:

JORDAN PAUL TATE

Name

1241 LAKE LUCERNE CIR

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

WINTER SPRINGS

City

FL 32708

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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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JORDAN PAUL TATE

410 ENCLAVE CIR APT 308

COSTA MESA, CA 92626

(Use attachment if necessary)

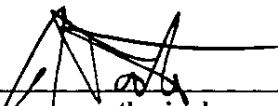
ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 8, 2014 (OPTIONAL)

(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.

DBA: "CLEVER MOTIF"

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.)

JORDAN TATE

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)

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CLERK OF STATE
TALLAHASSEE FLORIDA