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(Re	equestor's Name)	
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Certified Copies	_ Certificate	s of Status
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DEC 22 2014

T CLINE

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2014

MATTHEW CLEMENT 803 BRIDGEWAY BLVD. ORLANDO, FL 32828

SUBJECT: CLEMENT LLC Ref. Number: W14000073048 RECEIVED

14 DEC 19 AN IO: OO

NVISION OF CONFORATION
BUREAU OF COMMERCIAL
NFORMATION SERVICIAL

We have received your document for CLEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC", The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P04000054799.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 114A00025830

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Clemen+LLC		
SCHOLOT.	Name of Limited Liability Company		
	• (
The enclose	d Articles of Organization and fee(s) are submitted for filing.		
Please return	all correspondence concerning this matter to the following:		
	Matthew Clement Name of Person		
-	Name of Person		-
	<u>:</u>		
-	Firm/Company	4	- ~>
		7-60	2014 座(
	803 Brickgeway Blick Address	30 34	F
	Address	芸芸	913
	Dulanda B 22528		
•	City/State and Zip Code		
	Orkindo, FL 32828 City/State and Zip Code Mattiasrocks@hotmail.com	空生	THE SEE
	E-mail address: (to be used for future annual report notification)	å.	ŧ
For further i	nformation concerning this matter, please call:		
Moth	Name of Person at (813) 938 - 0146 Area Code Daytime Telephone Number		
Enclosed is	a check for the following amount:		
l \$125.00 Fili	ng Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Certificate of Status Certified Copy Certificate of Cadditional copy is enclosed) Certified Copy (additional copy	f Status &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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: So Bridge way Bird Orlando, FL 32828
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: Shuy Lilur Name Bridgeness Bivil Florida street address (P.O. Box NOT acceptable) Original FL 32822 City 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

Page 1 of 2

(CONTINUED)

THE GIVEN SERVICES

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Watthew Clement 703 Bridgenry Blod O Windo El 3252		
<u>MGR</u>	Shly liller 803 Bridgeway Bird Orionelo FL 3252		
		 	
	f filing: (OPTIONA		
CLE V: Effective date, if other than the date o	f filing: (OPTIONA cific and cannot be more than five business days prior		day
CLE V: Effective date, if other than the date of each of flective date is listed, the date must be speced of filing.) CLE VI: Other provisions, if any.			day
CLE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.)			day
CLE V: Effective date, if other than the date of e of filing.) CLE VI: Other provisions, if any. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false informacionstitutes a third degree felony	aber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this dot the penalties of perjury that the facts stated herein are a ation submitted in a document to the Department of Statas provided for in s.817.155, F.S.)	r to or 90	day 201
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony	aber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this dot the penalties of perjury that the facts stated herein are attion submitted in a document to the Department of Status.	cument true.	day 2014 F5C

ARTICLE IV-