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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Clark Inc.	ne of Limited Liability Company
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
1. Daniel C	Name of Person
	Stroet, LLC Firm/Company
	enned 1 BIUC
Jampa E	City/State and Zip Code
	o be used for future annual report notification)
For further information concerning this ma	atter, please call:
Jennifer Alperstein Name of Person	at (813) 879-0700 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	unt:
\$125.00 Filing Fee \$130.00 Filing Certificate of S	
Mailing Address	Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
Clark Investment, 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:
Jampa, Fr 33609 Jampa, Fr 33609
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:
J. Daniel Clark Name
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33609 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  Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	J. Daniel Clark  3407 L. Venned Bild  Jampa FL 33609
EV: Effective date, if other than the date	of filing: (OPTIONAL)
EV: Effective date, if other than the date ective date is listed, the date must be speof filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the date ective date is listed, the date must be speof filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date ective date is listed, the date must be speof filing.)  E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
REQUIRED SIGNATURE:  Signature of a mei  (In accordance with section 60) constitutes an affirmation unde I am aware that any false infort	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r 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.)
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 60 constitutes an affirmation unde I am aware that any false information unde I am aware that a aware t	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document ration submitted in a document to the Department of State y as provided for in s.817.155, F.S.)