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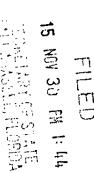
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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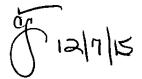
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TO: Registration Section Division of Corporations
SUBJECT: Clifton McAuister JR, TR, LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clifton Al-Haleem Bey Name of Person
CLIFTON MEALISTER JR DBA Firm/Company
6722 ARLINGTON EXPRESSIVAY SUITE 67220
Jacksonville, FL 30211 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cl. Flon Al-Haksen Beyt (443) 314-9369 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$130.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Cultimater

EFFECTIVE DATE 11/21/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

15 NOV 30 PH 1: 44

C1,6+0/	n McAllister	or. IR, LLC	<u> </u>
(Must end w	th the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")	THE APPLICATION FILE
ARTICLE II - Address: The mailing address and street add	lress of the principal office of the L	imited Liability Company is:	
<u>Principal</u>	Office Address:	Mailing Addi	ress:
6722 Arling Suite 67220 Jacksonville	eton Skeressway	6722 Arlinator Suite 67220 Jackson Ville	Expressivay FI 32211
	t, Registered Office, & Registere annot serve as its own Registered Ative Florida registration.)		dividual or
The name and the Florida street ad	dress of the registered agent are:		
	Clifton Al-Hake	en Bey	
	6722 Arlington Florida street address (P.O. Box I	Expression 5	uite 67220
,	Jacksonville FL City State	322() Zip	
Having been named as registered ag	ent and to accept service of process	for the above stated limited liab	ility company at the

Cipton Ab Hakem Rey Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Clifton Al-Hakeon Bey 6702 Arlington Expression Suit Jacksonville, Fr 32211	ъ b
(Use attachment if necessary) EV: Effective date, if other than the date of	of filing: Nov 214 2015 (OPTIONAL)	
of filing.) the date inserted in this block does not mement's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed	
of filing.) The date inserted in this block does not mement's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed	
of filing.) The date inserted in this block does not me ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not be listed f State's records.	
ref filing.) The date inserted in this block does not me ment's effective date on the Department of the VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men This document is executed a man aware that any false in the content of	eet the applicable statutory filing requirements, this date will not be listed f State's records.	
This document is executed in a ware that any false is constitutes a third degree:	At Halem Bly nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State	
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