## 11600009300

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•
CHDH	Clearwater US 19 LLC		
SUBJI		f Limited Liability Company	
The en	aclosed Articles of Organization and fee(	s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the following:	
	Beth W. Miller		
		Name of Person	
	Beth W. Miller, P.A.		
		Firm/Company	
	645 Vassar Street		
		Address	
	Orlando, FL 32804		
	CI-land Circles and Circles an	City/State and Zip Code	
	SJohansson@interaudibank.com E-mail address: (to be	used for future annual report notifica	tion)
For furth	her information concerning this matter, p	elease call:	
	Beth W. Miller	407 246-8092	
	Name of Person	Area Code Daytime Telephon	ne Number
Enclose	ed is a check for the following amount:		
<b>]</b> \$125.0	00 Filing Fee \$\int_\$\$130.00 Filing Fee Certificate of Statu		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

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

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Clearwater US 19 LLC  (Must end with the words "Limited Limited Limite	iability Company, "L.L.C.," or "LLC.")
LE II - Address:	
ling address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address
the state of	c/o Mr. Stefan Johansson
Interaudi Bank	
Interaudi Bank 19 East 54th Street	19 East 54th Street

Beth W. Miller

Name 645 Vassar Street Florida street address (P.O. Box NOT acceptable)

Orlando State City

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 um 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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	George J. Audi
	19 East 54th Street
	New York, NY 10022
MGR	Salim Abboud
	19 East 54th Street
	New York, NY 10022
MGR	Stofan Johannaan
MGK	Stefan Johansson
	19 East 54th Street New York, NY 10022
	New York, NY 10022
ective date is listed, the date must be :	te of filing: May 4, 2016 (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date court be selective date is listed, the date must be soffiling.)	specific and cannot be more than five business days prior to or 90 of most the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date title date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of most the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a range of the document is executed an aware that any fall.	meet the applicable statutory filing requirements, this date will not at of State's records.  member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State rece felony as provided for in \$817.155, E.S.
LE V: Effective date, if other than the date ective date is listed, the date must be so of filing.)  If the date inserted in this block does not ment's effective date on the Department.  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a rather document is exectly an aware that any falconstitutes a third degree.	meet the applicable statutory filing requirements, this date will not at of State's records.  member or an authorized representative of a member, muted in accordance with section 605.0203 (1) (b), Florida Statutes, so information submitted in a document to the Department of State rec felony as provided for in \$817.155, E.S.

Page 2 of 2