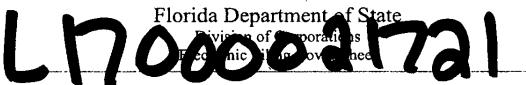
1/27/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASDICK, STANTON, EARLY, P.A.

Account Number : 075350000152 Phone : (407)423-5203

Fax Number : (407)425-4105

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Clark Street Commercial, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

IU;	Division of Corporations
oun in	CLARK STREET COMMERCIAL, LLC
SUBJEC	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please n	eturn all correspondence concerning this matter to the following:
	NORMAN H. RUBENSTEIN
	Name of Person
	Firm/Company
	201 BRIDLE PATH
	Address
	LONGWOOD, FL. 32779
	City/State and Zip Code nhrmantllc@gnail.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$ 125.00	Filing Fee \$\frac{130.00}{2}\$ Filing Fee \$\frac{155.00}{2}\$ Filing Fee \$\frac{1560.00}{2}\$ Filing Fee, Certificate of Status \$\frac{160.00}{2}\$ Filing Fee, Certificate of Status \$160.00
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

01/27/2017 16:38

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he name of the Limited Li	iability Company is:		
	ET COMMERCIAL, LLC		
(Mus	t end with the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and st	reet address of the principal o	ffice of the Limited	d Liability Company is:
	incipal Office Address:		Mailing Address:
Pr			
Pr 201 BRIDLE P	ATH	201	BRIDLE PATH
201 BRIDLE P LONGWOOD, RTICLE III - Registere the Limited Liability Con	FL. 32779 d Agent, Registered Office,	& Registered Age Registered Agent.	NGWOOD, FL. 32779
201 BRIDLE P LONGWOOD, RTICLE III - Registere the Limited Liability Contother business entity with	FL. 32779 d Agent, Registered Office, pany cannot serve as its own	& Registered Agent.	NGWOOD, FL. 32779 sat's Signature:
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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 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Marman II Duhamatain
MGR	Norman H. Rubenstein 201 BRIDLE PATH
	LONGWOOD FL. 32779
	551154100515.52777
V: Effective date, if other than the date ctive date is listed, the date must be sperfiling.)	of filing: (OPTIONAL) celfic and cannot be more than five business days prior to or 90
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