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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

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

Email Address: _____

17 NOV 29 PM 1:32

FLORIDA LIMITED LIABILITY CO.
CLEAR SPRINGS RECREATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

17 NOV 29 PM 3:31

NOV 30 2017
K. Brumbley

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Clear Springs Recreation, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Pomeroy
Name of Person

Clear Springs Enterprises, LLC
Firm/Company

6105 Spirit Lake Road
Address

Winter Haven, FL 33880
City/State and Zip Code

apomeroy@clearspringseo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Pomeroy at (863) 651-1898
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [ ] $125.00 Filing Fee
- [ ] $130.00 Filing Fee & Certificate of Status
- [x] $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Clear Springs Recreation, LLC
(Must contain 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:
6105 Spirit Lake Road	P.O. Box 1070
Winter Haven, FL 33880	Bartow, FL 33831

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:

Amy Pomeroy
Name

6105 Spirit Lake Road
Florida street address (P.O. Box NOT acceptable)

Winter Haven	Florida	33880
City	State	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.

Amy Pomeroy
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Stanford N. Phelps 2001 W. Main St., Suite 235 Stamford, CT 06902-4547
MGR	Fred J. Boling, Jr. 6105 Spirit Lake Road Winter Haven, FL 33880

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

Amy Pomeroy

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Amy Pomeroy
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)