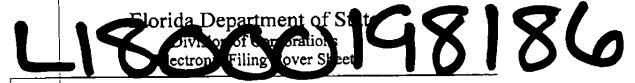
Division of Corporations

Page 1 of 2



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.

(((H18000240248 3)))



H180002402483ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512 : (305)789-9200 Phone : (786)437-4609 Fax Number

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

lross@fowler-white.com Emmil Address:

FLORIDA LIMITED LIABILITY CO. CLAIREMARIE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

AUG 2 0 2018

Electronic Filing Menu

Corporate Filing Menu

Help

K. Brumbley

Audit No. H18000240248 3

ARTICLES OF ORGANIZATION

OF

CLAIREMARIE, LLC

ARTICLE I

The name of the limited liability company formed hereby is CLAIREMARIE, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

> 208 5th Avenue South Lake Worth, FL 33460

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

> Laura Ross, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Audit No. H18000240248 3

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Robert E. Conner 208 5th Avenue South Lake Worth, FL 33460

Laura Ross,

as Authorized Representative of the Member

Audit No. H18000240248 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is CLAIREMARIE, LLC.
- 2. The name and address of the Registered Agent and Office is:

Laura Ross, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

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.

Laura Ross, Registered Agent

Date: August 16, 2018

CLAIREMARIE, LLC

By: / //
Laura Ross,

as Authorized Representative

of the Member