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Florida Department of State

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FLORIDA LIMITED LIABILITY CO. CLEARBLEU PROP LLC

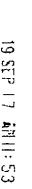
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLEARBLEU (Mu		ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s		of the Limited Liability Company is:
	rincipal Office Address:	Mailing Address:
1549 NE 123R	LD ST	1549 NE 123RD ST
NORTH MIAN	MI, FL 33161	NORTH MIAMI, FL 33161
·	-	-

ACCOUNTANT & MANAGEMENT INC

Name

1549 NE 123RD ST

Florida street address (P.O. Box NOT acceptable)

NORTH MIAMI FL 33161
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..

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

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Title; 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MANAGER	SOLUTIONS BY ACCOUNTANTS INC
WITH THE REAL PROPERTY OF THE PERTY OF THE P	8175 NW 12TH ST STE 130
	MIAMI, FL 33126
	,
	
	051
ctive date is listed, the date must be spe filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date stive date is listed, the date must be spefiling.) he date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment of this document is execut a ment any false	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
V: Effective date, if other than the date stive date is listed, the date must be spefiling.) he date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment of this document is execut a ment any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
V: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment of this document is executed any aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State