

# L20000217134

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

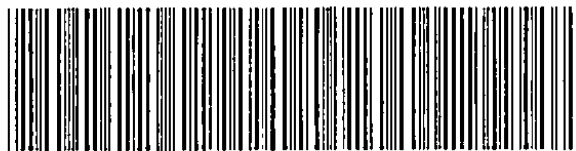
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

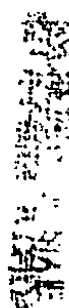
Office Use Only



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07/29/20--01019--022 \*\*125

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL



2020 JUL 29 PM 2:44

NOTED  
PM

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Clara Homes LGI LLC

Signature \_\_\_\_\_  
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Requested by: SETH

07/29/20

Name

Date

Time

Walk-In

Will Pick Up

- \_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_ Courier \_\_\_\_\_

## **COVER LETTER**

**TO:                   REGISTRATION SECTION  
                         DIVISION OF CORPORATION**

**SUBJECT:           NEW FILING**

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

**Please return all correspondence concerning this matter to the following:**

**Jonathan D. Beloff, Esq.  
1691 Michigan Avenue  
Suite 250  
Miami Beach, Florida 33139  
Telephone: 305-673-1101**

Email Address:       elizabeth@belofflaw.com

**\$160.00 Filing Fee  
Certificate Status & Certified Copy**

**ARTICLES OF ORGANIZATION  
FOR  
Clara Homes LGI LLC  
a Florida limited liability company**

FILED  
2020 JUL 29 AM 9:1  
SECRETARY OF STA  
TALLAHASSEE, FL

The undersigned, desiring to form a limited liability company for the purposes set forth here and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: Clara Homes LGI LLC.

**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is: c/o James Curnin, 10201 Collins Avenue, Apt. 1107, Bal Harbour, Florida 33154

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the registered agent are:

James Curnin, 10201 Collins Avenue, Apt. 1107, Bal Harbour, Florida 33154

Having been named as registered agent and to accept service of process for the above state 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 the 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.



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JAMES CURNIN, Registered Agent

ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

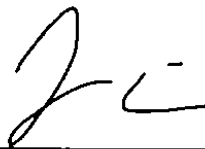
MEMBER

James Curnin,  
10201 Collins Avenue,  
Apt. 107,  
Bal Harbour, Florida 33154

ARTICLE -V - Effective Date, if other than the date of filing: \_\_\_\_\_ (Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



\_\_\_\_\_  
JAMES CURNIN, as Member

SECRETARY OF STATE  
TALLAHASSEE, FL

2009 JUL 29 AM 9:03

*(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. 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 s817.155,F.S.)*