L21000080842

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100360402681

02/24/21--01010--014 **125.00

RECRETARY OF STAT

125/21

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

404 Clark, LLC				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
		İ		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
Signature			Fictitious Owner Search	
3				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
Name Date		Time		UCC 11 Search
Mattic	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

FHED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company ie			2021 FEB 24	PH 12: 28
	40-	4 Clark, LLC		SECRETARY TALLAHAS	OF STATE SEE, FL
(Must cont	ain the words "Limited	Liability Comp	any, "L.L.C" or "LLC.")	•	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Lin	nited Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing A	ddress:	
		6812 Gulf of Mexico Driv Longboat Key, FL 34228	e		
Longovat Rey, 1 L 3-	1220	 ,	Longood Rey, PL 34226		•
(The Limited Liability Company another business entity with an a The name and the Florida street)	active Florida registration address of the registere	on.) d agent are:	.		
	Blalock Walters, P.A. Name			-	
	802 11th Street Wes	t.			
	Florida street address (P.O. Box NOT acceptable)				
	Bradenton	FL	34205	_	
	City	State	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the approvisions of all statutes i	oointment as reg clating to the pr	istered agent and agree to oper and complete perform	act in this capacity iance of my duties,	. 1

Registered Agenty 3 Fginture (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

	Name and Address:	
"MGR" = Man	Scott Eason 6812 Gulf of Mexico Drive Longboat Key, FL 34228	
MGR	Joe Joseph 12379 Mission Hills Dewitt, MI 48820	
		2021 FEB SECRATI
		2021 FEB 24 PH 12: SECRATIVATA DE ST TALLAHASSEE, 1
(Use attachmen	nt if necessary)	* 28 TATE
(If an effective date is list the date of filing.) Note: If the date inserte	date, if other than the date of filing: (O sted, the date must be specific and cannot be more than five business dated in this block does not meet the applicable statutory filing requirements, e date on the Department of State's records.	ays prior to or 90 days after
REQUIRED S	Scott Eason	
-	Signature of a member or an authorized representative of a me This document is executed in accordance with section 605.0203 (1) (b). I am aware that any false information submitted in a document to the Dep constitutes a third degree felony as provided for in s.817.155, F.S.	Florida Statutes
	Scott Eason, Manager Typed or printed name of signee	
	Eiling Fores	

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)