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Division of Corporations

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To:

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Fax Number : (850)617-6381

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Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
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**FLORIDA LIMITED LIABILITY CO.
CLARKSON ENTERPRISES, LLC**

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

CLARKSON ENTERPRISES, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE
LIMITED LIABILITY COMPANY IS:

7235 CATALINA STREET
SPRING HILL, FLORIDA 34606


ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

JUSTIN CLARKSON
7235 CATALINA STREET
SPRING HILL, FLORIDA 34606

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, FLORIDA STATUTES.

DATED: 1/20/2022

X 
JUSTIN CLARKSON

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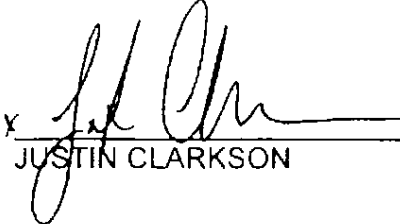
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ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS
AS FOLLOWS:

MANAGER/MEMBER: JUSTIN CLARKSON
7235 CATALINA STREET
SPRING HILL, FLORIDA 34606

DATED: 1/20/2022

x 
JUSTIN CLARKSON

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

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