

**L23000203891**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
CLUTCH PROPERTY MANAGEMENT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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***Articles of Organization***  
***for***  
***Florida Limited Liability Company***

ARTICLE I NAME

The name of the Limited Liability Company is: **CLUTCH PROPERTY  
MANAGEMENT LLC**

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: **16385 BISCAYNE BLVD, APT 519, NORTH MIAMI, FL  
33160**

Mailing Address: **16385 BISCAYNE BLVD, APT 519, NORTH MIAMI, FL 33160**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT'S SIGNATURE

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

**ROBERT KOTELSKY, 16385 BISCAYNE BLVD, APT 519, NORTH MIAMI, FL  
33160**

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..

/s/ ROBERT KOTELSKY

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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CLERK OF DISTRICT COURT  
ALLAHASSEE, FL

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

**ROBERT KOTELSKY, Authorized Member, 16385 BISCAYNE BLVD, APT 519, NORTH MIAMI, FL 33160**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

/s/ ROBERT KOTELSKY

\_\_\_\_\_  
Authorized Member

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SECRETARY OF STATE  
TALLAHASSEE, FL