

09/15/2023 11:25 BELOFF

(FAX 305 673 5505)

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9/15/23, 11:16 AM

Division of Corporations

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Florida Department of State  
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**To:**

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Fax Number : (850)617-6381

**From:**

Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305)673-1101  
Fax Number : (305)673-5505

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

Email Address: Elizabeth@belofflaw.com

**FLORIDA LIMITED LIABILITY CO.  
CLARA WYNWOOD LLC**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**CLARA WYNWOOD LLC**  
**a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein 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 WYNWOOD LLC.**

**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is: 10201 Collins Avenue, Apt. 1107, Bal Harbor, Fl 33154.

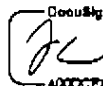
**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

JAMES CURNIN, 10201 Collins Avenue, Apt. 1107, Bal Harbor, Fl 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 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.

DocuSigned by:



A000CE40E8X0F33

**JAMES CURNIN, Registered Agent**

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**2023 SEP 15 AM 11:15**  
CLARA WYNWOOD LLC  
TALLAHASSEE, FL 32301

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

Manager

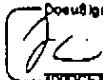
JAMES CURNIN  
10201 Collins Avenue, Apt. 1107,  
Bal Harbor, Fl 33154.

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

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:



JAMES CURNIN, as Manager

*(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under the 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.)*

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