

224000181996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

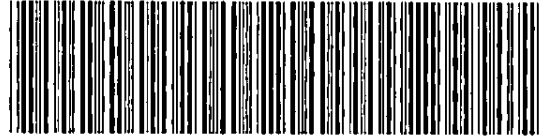
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 APR 22 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
 2330 CLARE DRIVE
 TALLAHASSEE, FL 32309
 (850) 524-5437
 (850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00

Authorization Signature: Jan Felt
 1401 Clearlake Road, LLC
 BUSINESS (Name) Document #

Walk in Pick up time _____
 Mail out Will wait
 Photocopy

Certified Copy of Articles of Organization
 Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 LLC
 CORP

AMMENDMENTS

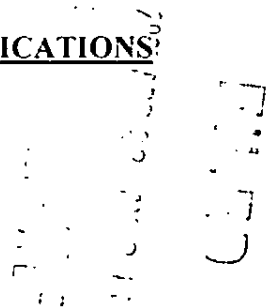
Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

OTHER FILINGS

Annual Report
 Fictitious Name
 APOSTIL () _____
 Country

REGISTRATION/QUALIFICATIONS

Foreign Filing
 Limited Partnership
 Reinstatement
 Trademark
 Other



EXAMINER'S INITIALS: _____

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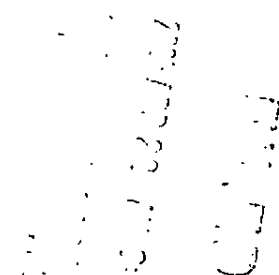
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EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1401 Clearlake Road, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Nelson Garcia
Name of Person
Jacobs Law, LLC
Firm/Company
1117 Perimeter Center West, Suite W501
Address
Atlanta, GA 30338
City/State and Zip Code
freedomairandheatinc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

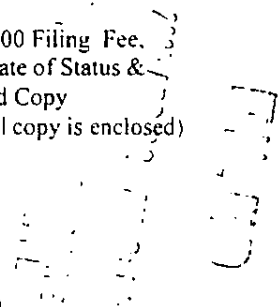
Nelson Garcia at (404) 474-3905
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1401 Clearlake Road, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3565 Sparrow Hawk Trail
Mims, FL 32754

3565 Sparrow Hawk Trail
Mims, FL 32754

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Andrew Procell

Name

3565 Sparrow Hawk Trail

Florida street address (P.O. Box **NOT** acceptable)

Mims

FL

32754

City

State

Zip

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..

DocuSigned by:

Andrew Procell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Handwritten notes and a stamp on the right side of the page.

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>MGR</u>	<u>Andrew Procell</u> <u>3565 Sparrow Hawk Trail</u> <u>Mims, FL 32754</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The management of the Company is vested in one or more managers and governed by an operating agreement, a copy of which can be found at the Company's principal place of business.

REQUIRED SIGNATURE:

DocuSigned by:

8571A06107A8102

Signature of a member or an authorized representative of a member.
 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.

Andrew Procell, Manager

 Typed or printed name of signee

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)