

12400213 898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

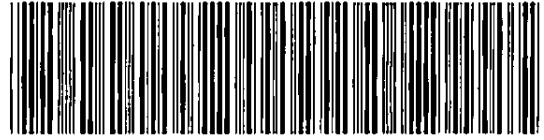
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/18/24--01030--006 \*\*125.00

2024 APR 18 PM 12:57

511.110

DATE  
TIME

Prepared by and Return to:  
Peter Rivellini, Esq.  
Johnson, Pope, Bokor, Ruppel & Burns, LLP  
311 Park Place Blvd, Suite 300  
Clearwater, FL, 33759

FILED  
2024 APR 18 PM 12:57  
NOTARY PUBLIC

**AFFIDAVIT**

STATE OF FLORIDA                    )  
  )  
COUNTY OF HILLSBOROUGH        )

BEFORE ME, the undersigned authority, personally appeared DOUGLAS J. FREE ("Affiant"), who, upon being first duly sworn, deposes and says that:

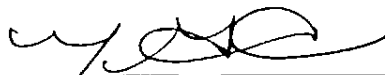
1. The Articles of Incorporation for CLEARWELL GROUP, LLC (the "Company") were filed on December 8, 2009, and assigned Document Number L09000116937.
2. The Amendment to the Articles of Incorporation to change name to CLEARWELL FAMILY OFFICE, LLC was filed on March 8, 2024.
3. Affiant is the sole member and sole manager of the Company.
4. Affiant, as the sole member and sole manager of the Company, individually and on behalf of the Company, hereby consents to the use of the name CLEARWELL GROUP, LLC on the records of the Florida Division of Corporations.

  
\_\_\_\_\_  
DOUGLAS J. FREE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 15<sup>th</sup> day of April, 2024, by DOUGLAS J. FREE, who is personally known to me or has produced \_\_\_\_\_ as identification.



 **MARY G. BRUDER**  
Commission # HH 122253  
Expires May 24, 2025  
Bonded Thru Budget Notary Services

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida  
Print name: Mary Bruder  
My commission expires:

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Clearwell Group, 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:

Mary Bruder  
\_\_\_\_\_  
Name of Person

Clearwell Group  
\_\_\_\_\_  
Firm/Company

610 W De Leon Street  
\_\_\_\_\_  
Address

Tampa, FL 33606  
\_\_\_\_\_  
City/State and Zip Code

mary@clearwellgroup.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mary Bruder                      813                      435-5602  
\_\_\_\_\_  
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:

Clearwell Group, 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:

610 W De Leon Street  
Tampa, FL 33606

610 W De Leon Street  
Tampa, FL 33606

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:

Douglas J Free

Name

610 W De Leon Street

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

Tampa

FL

33606

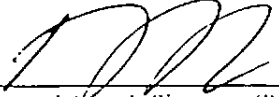
City

State

Zip

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*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Douglas J Free  
610 W De Leon Street  
Tampa, FL 33606

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

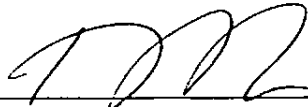
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
**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.

Douglas J Free  
\_\_\_\_\_  
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)

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