

124000213 898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

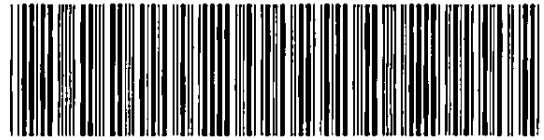
(Business Entity Name)

(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
FILED
1241.130

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 MAR 18 PM 12:57
CLERK OF DISTRICT COURT
HILLSBOROUGH COUNTY, FLORIDA

AFFIDAVIT

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

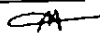
BEFORE ME, the undersigned authority, personally appeared DOUGLAS J. FREE ("Affiant"), who, upon being first duly sworn, deposes and says that:

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 15th 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)

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:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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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:

610 W De Leon Street
Tampa, FL 33606

Mailing Address:

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

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

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)

FILED

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