L24000 474052

(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



400438041414

2024 NOV -8 AM 9: 47

RECEIVED
2021-NOV-8 PM 3: 53
SECTIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/08/2024		
Name:	Cheyanne Davis		
	#:2555236		
	e: DANIEL	CLARKSTON LLC	ZEC TALLA
	cles of Incorporation/Authorization	on to Transact Business	-8 AH
☐ Cha	nge of Agent		9: 47 FL FL
☐ Rein	nstatement		
Con	version		
☐ Mer	ger		
Diss	olution/Withdrawal		
☐ Fictif	tious Name		
Othe	er		
Authorized Signature:			

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	11/08/2024				
Name:	Cheyanne	Davis	_		70Z4
Reference #	2555	236	_		TALE A
	e:		LARKSTON	LC	SSCH SSCH T
_	les of Incorporation	n/Authorizatior	n to Transact Bus	iness	AH 9:4/
_	nge of Agent				
Rein	statement				
☐ Conv	version				
☐ Merg	er				
Disso	olution/Withdrawal				
Fictit	ious Name				
☐ Othe	r				
Authorized /	1/1	\$125.00			
orginature	<u> </u>	·-			

COVER LETTER

TO:	New Filing Sec Division of Cor						
SUBJEC		rkston LLC					
SUBJE	JI:	Name of	Limited Li	ability Company			
The enc	osed Articles of	Organization and fee(s	s) are submi	itted for filing.		<u> </u>	2024
Please re	etum all correspo	ondence concerning thi	s matter to	the following:		1 A:	8- AON 1202
	Harry Teich	man				FAS	8-
			Nam	e of Person			_ H
	Taylor Engli	sh Duma LLP				FL	9: 4:
	<u> </u>		Firm	v/Company		- f*i	
	P.O. Box 14	7					
			در	Address			_
	Tampa, Flor	ida 33601					
		0.:	City/Stat	e and Zip Code			-
		n@stinson.com E-mail address: (to be a	used for futi	ure annual report notifica	 uion)		-
For furthe		ncerning this matter, p		•	,		
	Harry Teichn		813 1 (8572248			
	Nam	e of Person	Area Coo	de Daytime Telepho	me Number		
Enclosed	I is a check for t	he following amount:					
■ \$125.	00 Filing Fee	☐\$130.00 Filing Fe Certificate of Status	s Ce	\$155.00 Filing Fee & ertified Copy tional copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status & opy	K.
	New F Divisio P.O. B	eg Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daniel Clarkston 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 t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1337 Bradford Road, Fort Myers, FL 33901	Mailing Address: 1337 Bradford Road, Fort Myers, FL 33901
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent as	tered Agent's Signature:
_	••
Daniel James Clarkston	***
Name	
1337 Bradford Road	
Florida street address (P.O. E	Box NOT acceptable)

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..

Daniel Clarkston
Duniel Clarkston (Nov. 1, 2024 12.20 £ 57)

City

Fort Myers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Florida

State

			Name and Address:	
"AMBR	= Authorized N	dember		
"MGR"	= Manager			
MGR			Daniel James Clarkston	22
		,	1337 Bradford Road, Fort Myers, Florida 33901	2024 HOV
				V
				<u> </u>
				
				是一部
				ن کیا
				
		•		
(Use atta	chment if neces	sary)		
	ective date if of	ner than the date (of filing: (OPTIC	NAL)
LEV: Eff			eific and cannot be more than five business days pr	
		•		
ffective da			and the unplicable statuters (fling requirements, this	dana arabi araba bariba
ffective da e of filing.) If the date			neet the applicable statutory filing requirements, this	date will not be its
ffective da e of filing.) If the date			of State's records.	date will not be us
ffective da e of filing.) If the date ument's ef	fective date on (he Department o		date will not be its
ffective da e of filing.) If the date ument's ef		he Department o		date will not be us
ffective da e of filing.) If the date ument's ef	fective date on (he Department o		date will not be us
ffective da e of filing.) If the date ument's ef	fective date on (he Department o		date will not be us
ffective da e of filing.) If the date ument's ef	fective date on (he Department o		uate will not be us
fective da of filing.) f the date ament's ef LE VI: Oth	fective date on (any.		date will not be us
Tective da e of filing.) If the date ument's ef LE VI: Ot	fective date on the provisions, if RED SIGNATU Daniel C	he Department of any. JRE: larkston		date will not be us
ffective da e of filing.) If the date ument's ef LE VI: Ot	RED SIGNATU Daniel C	Tany. JRE: Larkston	of State's records.	
Tective da e of filing.) If the date ument's ef LE VI: Ot	RED SIGNATU Daniel C Date Claration for	ine Department of any. JRE: Jarkston Exercises: Enature of a men	of State's records. mber or an authorized representative of a member	r.
Tective da e of filing.) If the date ument's ef LE VI: Ot	RED SIGNATU Daniel C Signature to the control of	ine Department of any. iRE: larktion exercises quature of a menument is execute	of State's records.	r. da Statutes.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (18)

Daniel James Clarkston
Typed or printed name of signee

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)