

624000484905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

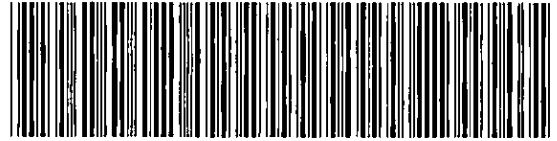
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800439188898

11/14/24--01011--007 \*\*125.00

FILED  
NOV 14 2024  
FBI - EL PASO

# Clinton Manley

Reply Address: 5241 Kenilworth Blvd, Suite 2, Sebring, FL 33870

November 8, 2024

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

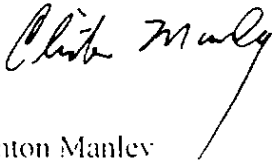
RE: CLINTON MANLEY CO. LLC

Greetings,

Enclosed you will find Articles of Organization to be filed with the Division of Corporation of the State of Florida. Also enclosed you will find a check in the amount of \$125.00 to pay for said filing.

If you have any questions, please contact me at (863) 414-8109

Sincerely,



Clinton Manley

Enclosures as stated

**COVER LETTER**

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

**SUBJECT:** CLINTON MANLEY CO, 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:

CLINTON MANLEY  
Name of Person  
Firm/Company  
5241 KENILWORTH BLVD, SUITE 2  
Address  
SEBRING, FL 33870  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLINTON MANLEY 863 414-8109  
Name of Person at ( ) 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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
FEB 11 2003  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLINTON MANLEY CO, 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:

5241 KENILWORTH BLVD, SUITE 2  
SEBRING, FL 33870

Mailing Address:

5241 KENILWORTH BLVD, SUITE 2  
SEBRING, FL 33870

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:

CLINTON MANLEY

Name

5241 KENILWORTH BLVD, SUITE 2

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

SEBRING

City

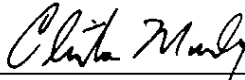
FLORIDA

State

33870

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)

RECEIVED  
FLORIDA  
SECRETARY OF STATE  
JAN 11 2011

**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

CLINTON MANLEY

5241 KENILWORTH BLVD, SUITE 2

SEBRING, FL 33870

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

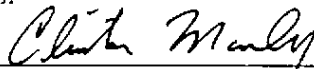
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

CLINTON MANLEY

\_\_\_\_\_  
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)

STANDARD  
FILING  
FEE  
\$125.00  
CERTIFIED  
COPY  
\$30.00  
CERTIFICATE  
OF STATUS  
\$5.00