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ACCOUNT NO. : 072100000032

REFERENCE : 188730 4803290

AUTHORIZATION :

Patricia Pigut

COST LIMIT : \$ 285.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 31 PM 1:27

ORDER DATE : March 30, 1999

ORDER TIME : 10:50 AM

ORDER NO. : 188730-005

CUSTOMER NO: 4803290

700002825387--3

CUSTOMER: Mr. Lou Petrocelli
KRAMER LEVIN NAFTALIS &
KRAMER LEVIN NAFTALIS &
919 Third Avenue
38th Floor
New York, NY 10022

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DOMESTIC FILING

NAME: CLUELESS L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS: _____

L99-1823

Name	<i>CL-3-31</i>
Availability	
Document Examiner	<i>de</i>
Updater	<i>de</i>
Updater Verifier	<i>de</i>
Acknowledgment	
W. P. Verifier	<i>de</i>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: Clueless L.L.C.

ARTICLE II - Address:

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

7225 Central Avenue
St. Petersburg, Florida 33710

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Michelle Fracasso
57 West 86th Street, Apt. 4A
New York, NY 10024

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____
_____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 10,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ NA;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 10,000.

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michelle Fracasso
Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Clueless L.L.C.

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

Michelle Fracasso
NAME

7225 Central Avenue
Florida street address (P. O. Box NOT ACCEPTABLE)

St. Petersburg, FL 33710
CITY, STATE AND 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.

By: Michelle Fracasso
SIGNATURE

Filing Fee: \$35 as for Designation of Registered Agent

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