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(R	equestor's Name)					
(Address)						
(A	ddress)					
(0	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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	W16-5479B					

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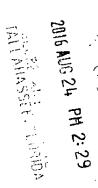


FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2016

ROBERT J. VICTOR 10438 GREENDALE DR. TAMPA, FL 33626

SUBJECT: INTELICLEAR, LLC Ref. Number: W16000054798



We have received your document for INTELICLEAR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00016665

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NOTE: THE ATTACKO CENTRICATE IS AN ORISMUNC NOT A COPY.

(1,00)

COVER LETTER

TO:

Registration Section
Division of Corporations

CUP FECT.	Inteliclear, LLC							
SUBJECT:	Name of Limited Liability Company							
					sact Business in Florida," Certificate o company to transact business in Florida			
Please return	all correspondence co	oncerning this matter to the fo	ollowing:					
	Robert J. Victor							
	Name of Person							
	Inteliclear, LLC							
	Firm/Company							
	10438 Greendale Dr.							
	Address Tampa, Fl, 33626							
City/State and Zip Code								
	rvictor1021@gmail.com							
		E-mail address: (to be used	for future annual	report noti	fication)			
For further i	nformation concerning	this matter, please call:			TAL SEC			
Ro	bert J. Victor		860 at (866-429)	ime Telephone Number 22			
	Name of	Contact Person	Area Code	Dayt	ime Telephone Number			
Div Re P.C	vision of Corporations gistration Section D. Box 6327 Iahassee, FL 32314			Division o Registratio Clifton Bu 2661 Exec	f Corporations 500 Section 500			
	a check for the followi \$125.00 Filing Fec	ng amount: \$\Boxed{\text{\$\ext{\$\text{\$\}}}}}\$}\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	□ \$155,00 Filin Certified Copy	ng Fce &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

THE INCASTOR BY TO	IN FL	ORIDA* 1	IO IRANDACI DODINIAD
COMPANYTO TRANSACT BU. Inteliclear, LLC	TION 605.0902, IFLORIDA STATUTES, THE FO ISINESS IN THE STATE OF FLORIDA:		
(Name of Fore	ign Limited Liability Company; must includ	le "Limited Liability Company," L.L.C.	," or "LLC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of tran 'or 'LLC.')	sacting business in Florida. The alternate	e name must include "Limited
2. (Jurisdiction under the law company is organized)		(FEI number, if applic	able)
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F Tampa, Fl 33626		
same	(Street Address of Principal	·	
6.	(Mailing Address)		
	s of Florida registered agent; (P.O. Box	NOT acceptable)	
Name: Office Address:	ROBERT VICTOR	= DR	
	TAMPA	, Florida 3362	6_
designated in this applicate to complywith the provision accept the obligations of notes. 8. The name, title or capa	gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper my position as registered agents.	as registered agent and agree to act a and complete performance of my dent's signature) as/have authority to manage is/are:	liab <u>ility</u> company at the place in th <u>is</u> capac al . I further agree
jurisdiction under the law of the translator must be su This document is executed	Holest & fu	te is in a foreign language, a translati uthorized person (b), Florida Statutes, I am aware the	ion of the certificate under oath at any false information

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

INTELICLEAR, LLC

a domestic limited liability company, were filed in this office on February 20, 2004.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: August 22, 2016

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SEORETANNE PLONID.

TAILANASSEE, FLORID.

Business ID: 0775182 Express Certificate Number: 2016259190001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov