

W1900007328

(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:

W19000068251

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TALLAHASSEE, FLORIDA

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JUL 31 2019

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 7/25/19**

**NAME: CLEAR CAPITAL LLC**

**TYPE OF FILING: APPLICATION**

**COST: 160.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**TALLAHASSEE, FLORIDA**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2019

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: CLEAR CAPITAL, LLC  
Ref. Number: W19000068251

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

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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 call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 219A00015266

Please keep original file  
date. Thank you!

[www.sunbiz.org](http://www.sunbiz.org)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLEAR CAPITAL LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS ISBELL

Name of Person

CLEAR CAPITAL LLC

Firm/Company

25910 CANAL ROAD STE O-200

Address

ORANGE BEACH ALABAMA 36561

City/State and Zip Code

TOM@CLEARCAPITALPARTNERS.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TOM ISBELL

334

531-1580

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. CLEAR CAPITAL LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Clear Capital Partners LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. ALABAMA 3. 82-2139941  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 08/15/2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4851 Wharf Pkwy 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Suite D-216; Offices H&I 25910 Canal Road Suite O-200  
Orange Beach AL 36561 Orange Beach AL 36561
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Universal Registered Agents, Inc.  
Office Address: 1317 California Street  
Tallahassee, Florida 32304  
(City) (Zip code)

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**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>COO</u>	<u>Thomas Isbell</u> <u>284 Eagle Creek</u> <u>Wetumpka, AL 36</u>	<u>CLO</u>	<u>Parker Johnston</u> <u>4610 White Ave</u> <u>Orange Beach, A</u>
<u>CEO</u>	<u>Chris Isbell</u> <u>25910 Canal Rd</u> <u>Orange Beach, A</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

THOMAS L ISBELL

Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Clear Capital LLC was formed  
in Baldwin County, Alabama on July 12, 2017. The Alabama Entity Identification  
number for this entity is 396-443. I further certify that the records do not disclose  
that said entity has been dissolved, cancelled or terminated.

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TALLAHASSEE, FLORIDA



20190725000004576

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

07/25/2019

Date

*J. H. Merrill*

John H. Merrill

Secretary of State