

Jan. 16. 2025 2:58PM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

No. 1700 P. 1

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HARRY G. REID, III  
Account Number : I20010000189  
Phone : (407)321-3911  
Fax Number : (407)321-1467

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: 8184coop@gmail.com

FLORIDA LIMITED LIABILITY CO.  
CLRE LLC

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company is:

**CLRE LLC**

**ARTICLE II – ADDRESS**

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

**Principal Office Address:**  
537 Mourning Dove Circle  
Lake Mary, Florida 32746

**Mailing Address:**  
537 Mourning Dove Circle  
Lake Mary, Florida 32746

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Timothy Cooper**  
537 Mourning Dove Circle  
Lake Mary, Florida 32746

*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)

**ARTICLE IV –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
MGR – Manager

**Name and Address:**  
Timothy Cooper  
537 Mourning Dove Circle  
Lake Mary, Florida 32746

MGR – Manager

Dara C. Cooper  
537 Mourning Dove Circle  
Lake Mary, Florida 32746

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Effective date, is the date of filing.

**SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document consisted of an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

**Timothy Cooper**

**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)**

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STATE DEPT OF STATE  
CORPORATE SERVICES

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