# L100000 40352

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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**EXAMINER** 

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THIS ON OF CORPORATIONS

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJ	ECT: The Cla	yton Company, LLC		
		Name of Limit	ed Liability Company	
		of Organization and fee(s) are		ONER
Please	return all corresp	condence concerning this mat	ter to the following:	130
	Spencer C. H	loover		
			Name of Person	
	The Clayton	Company, LLC		
			Firm/Company	
	9321 NW 11t	h Place		
			Address	
	Gainesville, F	L 32606		
		Cit	ry/State and Zip Code	
	spencerhoove	er@ymail.com	for future annual report notification)	
		•	•	
For fu	rther information	concerning this matter, please	e call:	
Spen	cer C. Hoover		at ( 352 )246-5402	<del></del>
	Name	of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check for	or the following amount:		
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Certificate o Certified Co (additional copy)	f Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	iny is:
The Clayton Company, LLC	7
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Compa
Principal Office Address:	Mailing Address:
9321 NW 11th Place	9321 NW 11th Place
Gainesville, FL 32606	Gainesville, FL 32606
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:
Spencer C. Hoover	
·	Name
9321 NW 11th Place	9
Florida str	reet address (P.O. Box NOT acceptable)
Gainesville	FL 32606
C	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 as provided for in Chapter 608, F.S..

gistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Membe	r
MGRM	Spencer C. Hoover
	9321 NW 11th Place
	Gainesville, FL 32606
<del>- Trans</del>	
*****	
(Use attachment if necessary)	
ICLE V: Effective date, if other th	nan the date of filing: (OPTIONAL
effective date is listed, the date n 90 days after the date of filing.)	nust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	

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

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

Spencer C. Hoover

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)