

L030000046951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EFFECTIVE DATE

01/01/04

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DIVISION OF CORPORATION

457MAN NOV 24 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cem-Clay Rentals LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard McCullough
(Name of Person)

Cem-Clay Rentals LLC
(Firm/Company)

EFFECTIVE DATE

01/01/04

4003 Crawfordville Rd.
(Address)

Tallahassee FL 32310
(City/State and Zip Code)

For further information concerning this matter, please call:

Howard McCullough at (850) 877 6104
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Cem-Clay Rentals LLC

ARTICLE II - Address:

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

Principal Office Address:

Cem-Clay Rentals LLC
4003 Crawfordville Rd
Tallahassee, FL 32310

Mailing Address:

Cem-clay Rentals LLC
P.O. Box 5601
Tallahassee, FL 32314

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Howard McCullough
Name

EFFECTIVE DATE

01/01/04

4003 Crawfordville Rd
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32310
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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Howard McCullough
4003 Crawfordville Rd
Tallahassee FL 32310

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested. Effective Date
January 1, 2004 (01/01/04)

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.)

Howard McCullough
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)