

L04000067819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

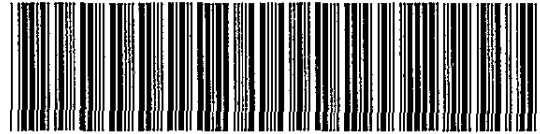
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
Document	---
Examiner	---
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09/23/04--01011--009 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

money

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANDON BARCLAY GROUP OF COMPANIES, LLC, a Florida limited liability company
(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:

GARFIELD A. MILLER
(Name of Person)

CHANDON BARCLAY GROUP OF COMPANIES, LLC
(Firm/Company)

600 N.E. 36th Street, Unit 1002
(Address)

Miami, FL 33137
(City/State and Zip Code)

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For further information concerning this matter, please call:

Garfield A. Miller at (305) 573-4166
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 27, 2004

GARFIELD A. MILLER
CHANDON BARCLAY GROUP OF COMPANIES, LLC
600 N.E. 36TH STREET, UNIT 1002
MIAMI, FL 33137

SUBJECT: CHANDON BARCLAY GROUP OF COMPANIES, LLC
Ref. Number: W04000032576

We have received your document for CHANDON BARCLAY GROUP OF COMPANIES, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return 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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 304A00052387

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHANDON BARCLAY GROUP OF COMPANIES, LLC, a Florida limited liability company

ARTICLE II - Address:

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

Principal Office Address:

600 N.E. 36th Street, Unit 1002

Miami, FL 33137

Mailing Address:

600 N.E. 36th Street, Unit 1002

Miami, FL 33137

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

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

GARFIELD A. MILLER

Name

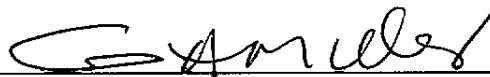
600 N.E. 36th Street, Unit 1002

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FLORIDA 33137

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, Florida Statutes..



Registered Agent's Signature

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

GARFIELD A. MILLER

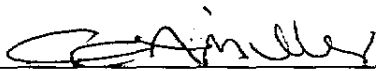
600 N.E. 36th Street, Unit 1002

Miami, FL 33137

(Use attachment if necessary)

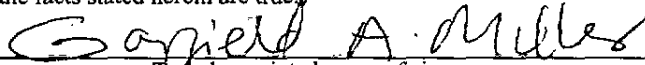
NOTE: An additional article must be added if an effective date is requested.

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.)



Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)