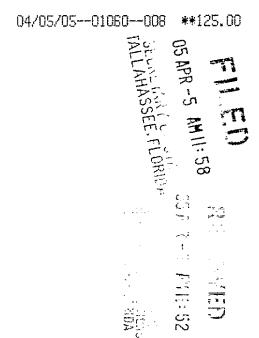


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		







TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CIAY Brogdon	, 220	
Name of I	Limited Liability Company)	
The enclosed Articles of Organization and fee(s) a	are submitted for filling	0
The discissed Anticles of Organization and rec(s) a	are submitted for fining.	. U
Please return all correspondence concerning this n	natter to the following:	PR
010.0	255	05 APR-5 AMILE
CIAY Brogdon (Name of Person)	, r	
(Name of Person)		70
		SEF .
		DA.
(Firm/Company)	and the second s	
(company)		
3751 Crawford VIII	re Hwy	
(Address)		
Crawford ville F1	32327	
(City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
	at ()(Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

ARTICLE II - Name: The name of the Limited Liability Company is: Clay Broadon LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Same Crawfortwille Aftle 32327 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Clay Broadon Name 3751 Crawford wille Hwy Florida street address (P.O. Box NOT acceptable) Crawford wille FL Street Clay Broadon Name 3751 Crawford wille Hwy Florida street address (P.O. Box NOT acceptable) Crawford wille FL 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..

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Clay Brogdon 3751 Compressive 14 1999 Crawfordsine F1 323271
	FEE BRITA
The second secon	SEE FLORIDA
(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.)

Bresdon
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)