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RECEIVED

SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of C				
SUBJECT: Florid	la Cracker Investme (Name of Limite	ents LLC d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
Barry K.	Clayton			
	· (Name of Person)		
	((Firm/Company)		SECRETARY OF STATE ALLAHASSEE, FLORIC
7053 SV	V 132nd Terrace	- P.O. Box 431		AHA AHA
10.12.10		(Address)		27 PM 2 PARY OF S ASSEE, FL
Cedar K	ey, Fl. 32625			
	(City	/State and Zip Code)		LORI STAT
For further information	concerning this matter, please	call:		≅w o
Barry K. Clayt		at (352) 543-02		
(Nam	e of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

(Musi cha widi die words Emilied Emonity Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Florida Cracker Investments LLC	Florida Cracker Investments LLC
	P.O. Box 431
7053 SW 132nd Terrace	1 .O. DOX 10 1

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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

Barry K. Clayton
Name

7053 SW 132nd Terrace

Florida street address (P.O. Box \underline{NOT} acceptable)

Cedar Key FL 32625

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 (REØUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member	(s	S	S	i	š	ė	i	į	8	ś	1		ſ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ſ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	۱	٦	٦	۱	ı	۱	ı	۱	ı	ı	ı	١	١	۱	۱	ı	ĺ	ĺ	ĺ	١	۱	١	ĺ	ĺ	ĺ	ĺ	۱	۱	ı	ĺ	ĺ	ĺ	ĺ	ĺ	1	ĺ	ı	١	۱	١	ı	ĺ	ı	١	٦	١	1	1	١	٦	١	١	۰	ľ	ľ	ì	ı	1	•	(í	þ	D	İ	Ì	ì	1	ì	G	1	•	e	i	ĺ	1	l.	١	P	1		į	Ø	1	ì	ŭ	ı	Ü	İ	į	7	£
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The name and address of each Manager or Managing Member is as follows:

1GR	7053 SW 132nd Terrace - P.O. Box 431 Cedar Key, Fl. 32625 Tammy L. Clayton 7053 SW 132nd Terrace - P.O. Box 431 Çedar Key, Fl. 32625
1GR	Tammy L. Clayton 7053 SW 132nd Terrace - P.O. Box 431
;	7053 SW 132nd Terrace - P.O. Box 431
; 	
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	- } -
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se attachment if necessary)	

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.)

Barry K. Clayton

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)