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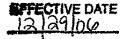
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One Sarasota Tower

2 North Tamiami Trail, Suite 306
Sarasota, Florida 34236

Telephone 941.953.9600 Fax 941.953.9677 E-Mail JWest@JohnWestill.com Website www.JohnWestill.com ALSO ADMITTED IN WASHINGTON, D.C.



December 28, 2006

## VIA FED EX DELIVERY

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Organization of The Clifford L. Jones, L.L.C.

SECRETARY CORPORATIONS
06 DEC 29 AM 10: 58

## Dear Sir/Madam:

Enclosed please find a fully executed original of the Articles of Organization of The Clifford L. Jones, L.L.C., together with our firm check number 1187 in the amount of \$125.00 for the filing fee of the above referenced Limited Liability Company.

After you have filed the enclosed Limited Liability Company please return to us a faxed copy as soon as possible.

Your assistance with this matter is sincerely appreciated.

Very truly yours,

John W. West III

JWW/tcg Enclosures

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP ARTICLE I - Name: The name of the Limited Liability Company is: THE CLIFFORD L. JONES, L.L.C. (Must end with the words "Limited Limbility Company, "Limited Company" or their abbreviation "LLC." or "L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1364 DeSoto Avenue, Suite 404 1304 DeSoto Avenue, Suite 404 Tampa, Florida 33606 Tamps, Florida 33605 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company connor serve as its own Registered Agent, You must designate an individual or another business entity with an active Finrida registration.) The name and the Florida street address of the registered agent are: **RAY LEICH** Name 1304 DeSoto Avenue, Suite 404

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.,

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

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Tampa,

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MG <u>R" = Manage</u> r	Name and Address:
"MGRM" = Managing Member	1304 DeSato Avenue, Suite 404 Tampa, Florida 33606
CLIFFORD L. JONES	1304 DeSato Avenue, Suite 404
	Tampe, Florida 33606
-	
Use attachment if necessary)	
ODE MUNICIPALITY IN TRECESSARY	•
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)