

L07000120427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

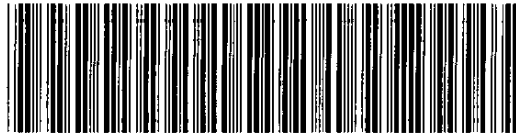
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700112608367

12/03/07--01072--016 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC - 3 PM 2:35

J. BRYAN DEC - 4 2007

**BURTON & BURTON, P.A.**

**ATTORNEYS AT LAW**

501 WEST MAIN STREET  
POST OFFICE DRAWER 1729

**WAUCHULA, FLORIDA 33873-1729**

TELEPHONE (863) 773-3241  
FACSIMILE (863) 773-0910  
E-MAIL: BURTONPA@STRATO.NET

JOHN W. BURTON

JOHN W. H. BURTON\*  
\*CERTIFIED CIRCUIT CIVIL MEDIATOR

L. GRADY BURTON  
1893-1981

November 30, 2007

VIA EXPRESS MAIL

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314-6327

**Re: CLIFFORD'S CUSTOM CRAFT, LLC.**

Gentlemen:

Enclosed please find original and copy of Articles of Organization for **CLIFFORD'S CUSTOM CRAFT, LLC**. Please file the original and return a certified copy to us in the enclosed envelope.

Also enclosed is our check in the amount of \$155.00 to cover the cost.

If you have any questions, please do not hesitate to contact our office.

Sincerely,



Brenda K. Sutton  
Paralegal

/bks  
Enclosures

CLIFFORD'S  
CUSTOM CRAFT, LLC  
DIVISION OF CORPORATIONS  
07 DEC -3 PM 2:35

**ARTICLES OF ORGANIZATION**  
**OF**  
**CLIFFORD'S CUSTOM CRAFT, LLC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC -3 PM 2:35

The undersigned certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE I**  
**NAME**

The name of the limited liability company shall be **CLIFFORD'S CUSTOM CRAFT, LLC.**

**ARTICLE II**  
**PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The principal office and mailing address of the limited liability company shall be located at 1809 Kazen Road, Wauchula, Florida 33873.

**ARTICLE III**  
**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of the limited liability company is 1809 Kazen Road, Wauchula, Florida 33873, and the name of the company's initial registered agent at that address is CLIFF WHALEY.

**ARTICLE IV**  
**MANAGEMENT**

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

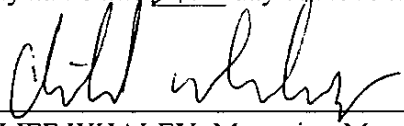
CLIFF WHALEY

1809 Kazen Road  
Wauchula, FL 33873

Managing Member

The undersigned, being a member of the limited liability company, certifies that 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 and that this instrument constitutes the proposed Articles of Organization of **CLIFFORD'S CUSTOM CRAFT, LLC**.

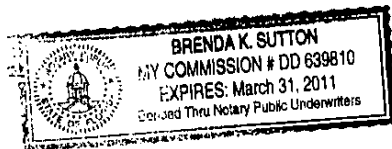
IN WITNESS WHEREOF, I have subscribed my name this 29<sup>th</sup> day of November, 2007.

  
CLIFF WHALEY, Managing Member

STATE OF FLORIDA:  
COUNTY OF HARDEE:

The foregoing instrument was acknowledged before me this the 29 day of November, 2007, by **CLIFF WHALEY**, (✓) who is personally known to me or ( ) who provided \_\_\_\_\_ as identification and who did take an oath

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Wauchula, Florida.



NOTARY PUBLIC



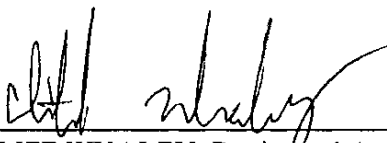
BRENDA K. SUTTON  
State of Florida at Large  
My Commission Expires:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC -3 PM 2:35

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for 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.

DATED this 29<sup>th</sup> day of November, 2007.

  
CLIFF WHALEY, Registered Agent