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EXAMMER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Clyde Morris Associates, L.C.  (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:	
John Simpson  (Name of Person)	
(Name of Person)	
(Firm/Company)	
450 South Mills River Road	
Mills River NC 28759	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Tolin Simpson at ( \$28) 280 60360  (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	-
S125.00 Filing Fee \$\int \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Ciffon Building Tallahassee, FL 32301 Ciffon Building Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clyde Morris Associ	rates, L-L.C.
(Must end with the words "Limited Liability (	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23123 South State Road 7	Same
23123 South State Road 7 Suite 240 BOLA RATON FL 33428	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regi	istered agent are:
James N. Gor	don
Name	
23123 South State Florida street addres	Road 7, Suik 240
Florida street addres	s (P.O. Box NOT acceptable)
BOCA Rates City, State, and	71_ 33428
City, State, and	Zip
Having been named as registered agent and to accept the place designated in this registered agent and agree to act in this capacity. It statutes relating to the proper and complete performance the obligations of my position as register.	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and
	AE SEP
Strictered Agent's Signature	2 PH 988, FL
(CONTINUE Page 1 of 2	

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	nber
MERM	E. Stanley Kroenke
	211 North Stadium Blud, suite 201 Columbia, MO 65203
M6RM.	Gordon Property Company XXXI, LLC
	23123 S. State Road 7, suite 240 BOLA Raton, FL 33428
MERM	
protein	25123 South State Road 7, Suite 240 Boca Raton FL 33428
Marm	
<del></del>	Midwest Diversitied Employee Benit of Trust 23123 S. State Rd 7 Saite 240 Buch Raton FC 33428
(Use attachment if necessar	
	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior
effective date is listed, the da	te must be specific and cannot be more than five business days prior
effective date is listed, the da	te must be specific and cannot be more than five business days prior g.)
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REQUIRED SIGNATURE Signature of filing factorial filing from the filing factorial filing from the filing from the filing frees:	te must be specific and cannot be more than five business days prior (3).  E:  The member of an authorized representative of a member.  Ince with section 608.408(3), Florida Statutes, the execution ament constitutes an affirmation under the penalties of perjury acts stated herein are true.)  N. Gordon M. M. M. Monton Control