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American Momentum Bank

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARTON VENTURES, INC.
Account Number : I20030000026
Phone : (801) 745-2814
Fax Number : (801) 745-2785

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FLORIDA LIMITED LIABILITY CO.

Brazos I LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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EXAMINER

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brazos I LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4830 West Kennedy BoulevardTampa Florida, 33609**Mailing Address:**4830 West Kennedy BoulevardTampa Florida, 33609**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**
The name and the Florida street address of the registered agent are:John M. Thompson

Name

4830 West Kennedy BoulevardFlorida street address (P.O. Box **NOT** acceptable)Tampa,FLORIDA 33609

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, Florida Statutes.



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

American Momentum Bank

4830 West Kennedy Boulevard

Tampa Florida, 33609

(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.)

John M. Thompson

Typed or printed name of signer

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)

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