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SPECIAL INSTRUCTIONS:

## KLEIN & KLEIN, LLC

Attorneys at Law

HARVEY R. KLEIN (1922-2003)

40 Southeast 11th

Avenue

PHONE (352) 732-7750

Ocala, Florida 34471

FAX (352) 732-7754

H. RANDOLPH KLEIN

FRED N. ROBERTS, JR. LAWRENCE C. CALLAWAY, III

March 10, 2016

TO:

Registration Section Division of Corporation

RE: CLIFTON FAMILY HOLDINGS, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

norman@gtoairboats.com

For further information concerning this matter, please call

Joyce Henry at (342) 732-7750

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### **CLIFTON FAMILY HOLDINGS, LLC**

#### **ARTICLE II - Address:**

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

#### **Principal Office Address:**

**Mailing Address:** 

4600 West Highway 326 Ocala, FL 34482

P. O. Box 1240 Ocala, FL 34478

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

NORMAN P. CLIFTON, III 4600 West Highway 326 Ocala, FL 34471

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 605, Florida Statutes.

NORMAN P. CLIFTON, III

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

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

NORMAN P. CLIFTON, III P. O. Box 1240

Ocala, FL 34478

#### REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

**NORMAN P. CLIFTON, III** 

Typed or printed name of signee

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