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SECRETARY OF STATE

M. Thomas JAN 2 3 2008

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	THE ANDERSONS CLYMERS ETHA	ANOL LLC /	
		Limited Liability Company)	
Florida," Cer		Liability Company for Authorization to Transace submitted to register the above referenced forea	
Please return	all correspondence concerning thi	is matter to the following:	
	CATHY L. REDFORD, SENIOR LEG	GAL ANALYST	
	((Name of Person)	_
	THE ANDERSONS, INC.		-T/0 00
	((Firm/Company)	EG N
	480 WEST DUSSEL DRIVE, P O BO	OX 119	08 JAN 22 PM 12: 02 SECRETARY OF STATE TALLAHASSEE FLORID
		(Address)	of SI
	MAUMEE OH 43537-0119		
	(City	/State and Zip Code)	
For further in	nformation concerning this matter,	please call:	
CATH	IY L. REDFORD	at (419) 891-2954	
	(Name of Person)	(Area Code & Daytime Telephone Nun	iber)
Divis P.O. 1	LING ADDRESS: ion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amount: 5.00 Filing Fee \$\square\$		e, Certificate & Certified Copy

. . .

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. THE ANDERSONS CLYMERS ETHANOL LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company, must include Limited Liability Company, L.L.C., of LLC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. OHIO (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-3331338 (FEI number, if applicable)
4. AUGUST 10, 2005 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6 UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 480 WEST DUSSEL DRIVE, MAUMEE OH 43537-0119
P. S. S.
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
THE ANDERSONS, INC.
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: The sale of ethanol products
and ethanol by-products and any other lawful activity.
Mr M
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

Naran U. Burchinow, V.P. and Secretary of The Andersons, Inc., Mgr.

Typed or printed name of signee

an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
THE ANDERSONS CLYMERS ETHANOL LLC			-	
If name unavailable, the alternate name to be used in the state of Florida is:				.v . ,
	ė.	(C)	_	4
2. The name and the Florida street address of the registered agent and office are:				14.
		9. 34 **	2	ي ن '
NRAI Services, Inc.		≥ 6	<u>ن</u> ت	· Spinse
(Name)		፫ ፮ .	至	
2731 Executive Park Drive, Suite 4		麗	22 P	B
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_	85	H 12: (~
Weston FL 33331		馬	22	
City/State/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. NRAI Services, Inc.

By: Jui Probot Asst. Socretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE ANDERSONS CLYMERS ETHANOL LLC, an Ohio Limited Liability Company, Registration Number 1561927, was organized within the State of Ohio on August 10, 2005, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of January, A.D. 2008

Ohio Secretary of State

Validation Number: V20082JFDE8E