

Jun 24 04 08:03a

Tina M. Kirby

954-946-3242

P.1

FRI

ARION VENTURES, INC.

FAX NO. :623 465 8640

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**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (623) 465-8636  
Fax Number : (623) 465-8640

**LIMITED LIABILITY COMPANY**

**TK Accounting & Consulting LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Tina M. Kirby

954-846-3242

P.2

FROM : CLARION VENTURES, INC.

FAX NO. : 623 465 8640

Mar. 28 2005 03:54PM P1

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TK Accounting & Consulting LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Post Office Box 2243

Pompano Beach Florida, 33061

**Mailing Address:**

Post Office Box 2243

Pompano Beach Florida, 33061

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

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

Tina M. Kirby

Name

281 Southeast 5th Terrace

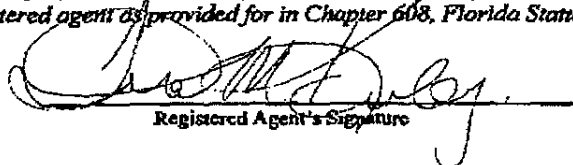
Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach,

FLORIDA 33060

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:

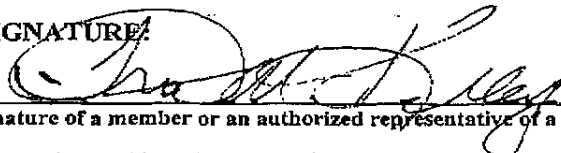
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMTina M. Kirby281 South East Fifth TerracePompano Beach Florida,, 33060MGRMChristopher R Tufo281 South East Fifth TerracePompano Beach Florida, 33060

(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.)

Tina M. Kirby

Typed or printed name of signee

**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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