# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.

Account Number : 120030000026 : (801)721-4788 Phone Fax Number

: (801)475-6420

## LIMITED LIABILITY COMPANY

### Karavakis-Lowry LLC

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

DIVISION OF CORPORATION

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

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

The name of the Limited Liability Company is:

Karavakis-Lowry LLC

#### ARTICLE II - Address:

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

418 Rosemeade Lane

Naples, Florida 34105

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

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

	Name
418 Rosemeade La	ne
Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)
Naples,	FI. 34105

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, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

Thomas M Karavakis

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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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

# Ho30003267663

Section E.T. Governing Law. This Agreement is being executed and delivered in the State of Floride and shall be governed by, construed and enforced in accordance with the laws of the State of Florida (In WYTREES HEREOF, the parties hereto have executed this Operating Agreement this of they of

Karavakis-Lowry, LLC:

Tromes M Karavakia, Manager

Thomas M Karavekis

**经产制** BEP:

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Thumas M Karavakia

MANAGER:

Control town

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SECRETARY OF STATE
SECRETARY OF STATE

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