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

Phone : (801)721-4788

Fax Number

: (801)475-6420

LIMITED LIABILITY COMPANY

lancer circle LLC

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Estimated Charge	\$125.00

Feb. 84 2004 85:33PM P1

PHONE NO.: 2032350244

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FROM : Clarion Ventures, Inc. 2/4/2004 5:00 PAGE 1/1 RightFAX



February 4, 2004

CLARION VENTURES, INC.

SUBJECT: LANCER CIRCLE LLC REF: 804000004940

We received your electronically transmitted document. However, the document has not been filed. Fleres make the following corrections and refax the complete document, including the electronic filing cover sheet.

The articles of organization and the opver sheet dame through as one page. Plazes resend the document.

We do not file the operating agreement, therefore, please do not send it.

Flence return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist FAX Aud. #: H04000024173 Letter Number: 904A00007632

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

FROM: GRAEBER'S PHONE NO.: 2032350244

Men to Madanan wing

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: lancer circle LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 892 lancer circle occee, fl 34761

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

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

ame
(P.O. Box NOT acceptable)
_ FL 34761

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.

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

Agent's 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 perjuty that the facts stated herein are true.)

roger dezinno

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.06 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Accy # HO 40000 241733

Feb. 04 2004 05:33PM P2

PHONE NO. : 2032350244

FROM: GRAEBER's