

FROM :

FAX NO. 35176417

Mar 24 2004 07:32 P3

((H0400061585 3))

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H0400061585 3)))

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To:

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

From:

Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (801) 721-4788
Fax Number : (801) 475-6420

LIMITED LIABILITY COMPANY

Skylight Sales LLC

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

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RECEIVED

04 MAR 25 PM 8:11

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 AM 7:55

3/1/04

FROM :

FAX NO. :5617761417

Mar. 24 2004 07:32PM P2

FROM :CLARION VENTURES, INC.

FAX NO. :888 475 6422

Mar. 22 2004 09:47PM P1

Clarion Ventures, Inc.

Fax

To:	John Petroff	From:	Clarion Ventures, Inc.
Fax:	(561) 776-1417	Pages:	4 4
Phone:		Date:	3-24-04 3-24-04
Re:	Florida LLC filing coversheet	cc:	

Your coversheet is the next page. Please note that you will need to type your fax audit number at the top and bottom of your articles of organization before faxing them in to the Florida Division of Corporations. Your fax audit number is (((H04000081585 3)))

11:55 AM
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 AM 7:55

FROM :

FAX NO. :5617761417

Mar. 24 2004 07:32PM P1

FROM :CLARION VENTURES, INC.

FAX NO. :801 475 6422

Mar. 24 2004 02:54AM P1

Department of State 3/24/2004 3:54 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 24, 2004

CLARION VENTURES, INC.

SUBJECT: SKYLIGHT SALES LLC
REF: W04000011774

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please 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) 245-6020.

Tammi Cline
Document Specialist

FAX Aud. #: W04000061585
Letter Number: 706A00019575

✓ DOCUMENTS HAVE BEEN SIGNED!
THANKS,
JOHN PETROFF

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

04 MAR 25 AM 7:55
DIVISION OF CORPORATIONS
SECRETARY OF STATE

FROM :

FAX NO. :5617761417

Mar. 24 2004 07:33PM P4

(H04000061585 3)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Skylight Sales LLC

ARTICLE II - Address:

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

Principal Office Address:

1023 10th Court

Palm Beach Gardens FL, 33410

Mailing Address:

1023 10th Court

Palm Beach Gardens FL, 33410

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

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

John Petroff

Name

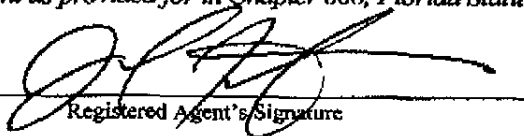
1023 10th Court

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

Palm Beach Gardens, FLORIDA 33410

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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DIVISION OF CORPORATIONS

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FROM :

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Mar. 24 2004 07:33PM P5

(H04000061585 3)

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:

MGR

John Petroff

1023 10th Court

Palm Beach Gardens FL, 33410

(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.)

JOHN PETROFF
Typed or printed name of signer

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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DIVISION OF CORPORATIONS