

12:54

Electronic Filing Audit Record

05/21/04

Fax Audit Number: H04-00005848 has a current status of REQUESTED

From: CLARION VENTURES, INC.

5926 SOUTH FASHION POINTE DR

SHE 2ND-F

SOUTH OGDEN

UT 84403-0000 US

Contact Name: CLAY CLOSARD

Ph: (801) 721-4788

Userid: T00300000026 Account: I20030000026 Sub-Account:

Document Type: EFIL07

Total Pages: 1

Corporate Name: ECO-Clean Company LLC

Certified Copy:

Certificate of Status:

Fax Phone Number: (801) 475-6420

Request Date: 03/19/04

Time: 11:32:13

Delivery Method: F

Fax-Id:

Estimated Charge: \$125.00

Capital Contr: \$0.00

Amt Increase: \$0.00

D/Reason:

User Year:

501(3)(C) STATUS:

Corp Status:

Total Corps:

Use [Ctrl-K] to list available Function Keys

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 20 AM 9:57

(((1104000059248 3)))

FROM: CLARION YENTURES, INC. FAX NO.: 801- 475- 6420 Mar. 10 2004
09:47PM

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

(((1104000059248 3)))

TO:

Division of Corporations

Fax Number (850)205-0383 --

From:

Account Name: CLARION VENTURES INC.

Account Number I200300000026

Phone (801)721- 4788

Fax Number (801)475-6420

LIMITED LIABILITY COMPANY

ECO-Clean Company, LLC

Certificate of Status 0

Certified Copy 0

Page Count 03

Estimated Charge \$125.00

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04 MAY 20 AM 7:28
DIVISION OF CORPORATION

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FILED
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DIVISION OF CORPORATIONS
04 MAY 20 AM 9:58

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FROM: CLARION YENTURES, INC. FAX NO.: 801- 475- 6420 Mar. 10 2004
09:47PM

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

(((1104000059248 3)))

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Certified Copy 0

Page Count 03

Estimated Charge \$125.00

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DIVISION OF CORPORATIONS
04 MAY 20 AM 9:58

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ECO-Clean Company LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

227 Mercado Av

227 Mercado Av

Orlando Florida, 32807

Orlando Florida, 32807

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

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

Marsha Reames-Shearer

None

227 Mercado Av

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

Orlando,

FLORIDA 32807

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 position and complete performance of my duties, and I am familiar with and accept the obligations of any position registered agent as provided for in Chapter 608, Florida Statutes.

Marsha Reames-Shearer
Registered Agent's Signature

Page 1 of 2
(CONTINUED)

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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:

MGRM

Marsha Reamos-Shearer
227 Mercado Av
Orlando Florida, 32807

MGRM

Sheree L Brown
25314 E. Colonial Drive
Christmas Florida, 32709

MGRM

Cassandra C Reamos
227 Mercado Av.
Orlando Florida, 32807

MGRM

Lisa A Frost
25314 Luke Street
Christmas Florida, 32809

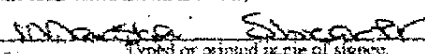
(Use attachment if necessary)

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.)


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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