

FROM : CLARION VENTURES, INC.

FAX NO. : (801) 475-6420

Jul. 29 2004 01:35PM P2

L04000056413

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 : T20030000026
Phone : (801) 721-4788
Fax Number : (801) 475-6420

LIMITED LIABILITY COMPANY

good way properties LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

JB
7-30-04

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

good way properties LLC**ARTICLE II - Address:**

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

Principal Office Address:6555 N.W. 36th Street #318Miami FL, 33166**Mailing Address:**6555 N.W. 36th Street #318Miami FL, 33166**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Jose V. Lockhart

Name

10881 N.W. 48th LnFlorida street address (P.O. Box NOT acceptable)Miami,FLORIDA 33178

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

Page 1 of 2
(CONTINUED)

FAN # H04000156831 3

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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**

Jose V. Lockhart

10881 N.W. 48th Ln

Miami FL, 33178

MGRM

Joseph A. Lockhart

17 Bailey Road #2

Watertown MA, 02472

MGRM

Atalmir Guerrero

P.O. Box 570206

Flushing NY, 11367

(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.)

Jose V. Lockhart

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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