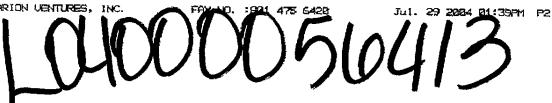
FROM : CLARION VENTURES,



Florida Department of State

Division of Corporations Public Access System

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To :

Division of Corporations

Fax Number

· (850)205-0383

Fromz

Account Name

; CLARION VENTURES, INC.

Account Number : 120030000025

Phone

: (801)721-4788

Fax Mumber

: (801)475-6420

LIMITED LIABILITY COMPANY

good way properties LLC

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

DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

good way prope	erties LLC	
ARTICLE II		
The mailing a	ddress and street ad	ddress of the principal office of the Limited Liability Company
Principal Office Address: 6555 N.W. 36th Street #318 Miami FL, 33166		Mailing Address:
		6555 N.W. 36th Street #318
		Miami FL, 33166
<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		ent, Registered Office, & Registered Agent's Signature: address of the registered agent are:
		and the second s
	Jose V. Lockte	art
•		Name
•	10881 N W 48	
	10881 N.W. 48 Florida s	
	Florida s	8th Ln treet address (P.O. Box <u>NOT</u> acceptable)
		8th Ln
been named as	Florida s Miami,	Sth Ln street address (P.O. Box <u>NOT</u> acceptable) FLORIDA 33178 City, State, and Zip
been named as ny at the place d	Florida s Miami, registered agent an	Sth Ln recet address (P.O. Box <u>NOT</u> acceptable) FLORIDA 33178 City, State, and Zip and to accept service of process for the above stated limited liabil.
ry at the place d act in this capa	Florida s Miami, registered agent an lestgnated in this cent city. I further agree	Sth Ln recet address (P.O. Box <u>NOT</u> acceptable) FLORIDA 33178 City, State, and Zip and to accept service of process for the above stated limited liabil artificate, I hereby accept the appointment as registered agent are to comply with the provisions of all statutes relating to the pro
ny at the place d act in this capa nplete performa	Florida s Mizmi, registered agent and lesignated in this cent city. I further agree	8th Ln freet address (P.O. Box <u>NOT</u> acceptable) FLORIDA 33178 City, State, and Zip ad to accept service of process for the above stated limited liabil artificate, I hereby accept the appointment as registered agent are to comply with the provisions of all statutes relating to the provide I am familiar with and accept the obligations of my position of the provisions
ny at the place d act in this capa nplete performa	Florida s Mizmi, registered agent and lesignated in this cent city. I further agree	Sth Ln recet address (P.O. Box <u>NOT</u> acceptable) FLORIDA 33178 City, State, and Zip and to accept service of process for the above stated limited liability tificate, I hereby accept the appointment as registered agent are to comply with the provisions of all statutes relating to the pro
ny at the place d act in this capa nplete performa	Florida s Mizmi, registered agent and lesignated in this cent city. I further agree	8th Ln freet address (P.O. Box <u>NOT</u> acceptable) FLORIDA 33178 City, State, and Zip ad to accept service of process for the above stated limited liability tificate, I hereby accept the appointment as registered agent are to comply with the provisions of all statutes relating to the project I am familiar with and accept the obligations of my position of
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FAN # H04000156831 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:
MGRM	Jose V. Lockhart
	10861 N.W. 48th Ln
•	Miami FL., 33178
MGRM	Joseph A. Lockhert
	17 Bailey Road #2
	Waterlown MA, 02472
MGRM	Atalmir Guerraro
	P.O. Box 670206
	Flushing NY, 11367
And the second s	
(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.)

TOSE V. Lockbart
Typed or printed name of signee

Filing Fees:

5100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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