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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

RECEIVED
04 AUG 11 AM 8:00
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Sky Boulevard LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Sky Boulevard LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
6555 N.W. 36th Street #318	6555 N.W. 36th Street #318
Miami FL, 33166	Miami 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

10861 N.W. 48th Ln
Florida street address (P.O. Box NOT acceptable)

Doral, 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

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TALLAHASSEE, FLORIDA

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 Doral FL., 33178
MGRM	Judith Ospina 10741 Cleary Boulevard #104 Plantation FL, 33324

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

J. Vladimir Lockhart

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 signee

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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