

08/28/2004 20:17 FAX 8509844884

Roby / Barrett

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FROM : CLARION VENTURES, INC.

FAX NO. : 801 475 6420

Aug- 28-2004 07:07 PM P2

**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 : I20030000026
Phone : (801) 721-4788
Fax Number : (801) 475-6420

LIMITED LIABILITY COMPANY

Woodbine Group LLC

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

RECEIVED
04 AUG 27 AM 8:07
DIVISION OF CORPORATION

04 AUG 27 AM 9:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Woodbine Group LLC**ARTICLE II - Address:**

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

Principal Office Address:5312 Rowe TrailPace FL, 32571**Mailing Address:**5312 Rowe TrailPace FL, 32571**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Guy Barrett

Name

5312 Rowe TrailFlorida street address (P.O. Box **NOT** acceptable)Pace,FLORIDA 32571

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

04 AUG 27 11:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

J. Daniel Roby

5312 Rowe Trail

Pace FL, 32571

MGR

Rebecca B. Roby

5312 Rowe Trail

Pace FL, 32571

(Use attachment if necessary)

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

Rebecca B. Roby
 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.)

Rebecca B. Roby
 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)