

FROM CLARION VENTURES, INC.

REF ID: A64703

Jan. 13 2005 09:11 P2

Florida Department of State
Division of Corporations

Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 206-0383

From: Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

LIMITED LIABILITY COMPANY

MyPlantSwap.com LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRET

05 JAN -4 PM 12:25

DIVISION OF CORPORATION

SECRETARY OF DEFENSE
TALLAHASSEE, FLORIDA

2005 JAN -4 AM 10:01

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MyPlantSwap.com LLC**ARTICLE II - Address:**

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

Principal Office Address:23 Alafaya Woods Blvd. #325Oviedo FL, 32765**Mailing Address:**23 Alafaya Woods Blvd. #325Oviedo FL, 32765**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Doug Sinning

Name

1020 Butler Creek Ct.Florida street address (P.O. Box NOT acceptable)Oviedo,FLORIDA 32765

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.

Doug Sinning
Registered Agent's Signature

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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:


MGR

Doug Sinning

1020 Butler Creek Ct.

Oviedo FL, 32765

(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 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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