

FROM : CLARION VENTURES, INC.

FAX NO. : 623 465 8640

Jan. 12 2005 08:41PM

**U05000003957**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000007191 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : CLARION VENTURES, INC.  
Account Number : I20030000025  
Phone : (623) 465-8636  
Fax Number : (623) 465-8640

RECEIVED  
JAN 12 PM 12:22  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

Immanuel Production Group LLC

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

2005 JAN 12 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H050000071913

H050000071913

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Immanuel Production Group LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

281 Lynn St

Oviedo fl, 32765

**Mailing Address:**

281 Lynn St

Oviedo fl, 32765

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Alfred Sanchez

Name

281 Lynn St

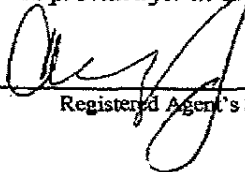
Florida street address (P.O. Box **NOT** acceptable)

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.*

  
\_\_\_\_\_  
Registered Agent's Signature

Page 1 of 2  
(CONTINUED)

2005 JAN 12 PM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H050000071913

H050000071913

**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

Alfred Sanchez Jr

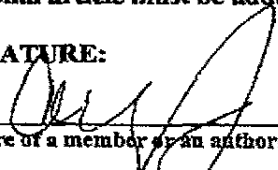
281 Lynn St

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.)

Alfred Sanchez Jr

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)

2005 JAN 12 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H050000071913