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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

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

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

LIMITED LIABILITY COMPANY

Bayou George Land LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U02/28/05

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bayou George Land LLC

ARTICLE II - Address:

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

Principal Office Address:

303 Harvard Blvd.

Lynn Haven Fla, 32444

Mailing Address:

303 Harvard Blvd.

Lynn Haven Fla, 32444

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

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

Lee A. Kinard

Name

303 Harvard Blvd.

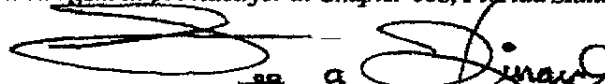
Florida street address (P.O. Box NOT acceptable)

Lynn Haven,

FLORIDA 32444

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

2/24/05

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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

Lee A. Kinard

303 Harvard Blvd.

Lynn Haven Fla, 32444

(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.)

Lee A. Kinard

Typed or printed name of signer

2/24/05
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TALLAHASSEE, FLORIDA

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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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