L05000038836

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.

(((H05000097210 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 : I20030000026
Phone : (623)465-8636
Fax Number : (623)465-8640

FILED
2005 APR 20 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 APR 20 AM 7:58
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Our Family Lakewood Home LLC

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

Electronic Filing Menu Corporate Filing Public Access Help

FAX AUDIT # H05000097210 3

L05-38836
TL

FAX AUDIT #: H05000097210 3

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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

Our Family Lakewood Home 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:
757 Tropical Circle	757 Tropical Circle
Sarasota FL, 34242	Sarasota FL, 34242

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Phillip Buckingll
Name

757 Tropical Circle
Florida street address (P.O. Box NOT acceptable)

Sarasota, FLORIDA 34242
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)

FAX AUDIT #: H05000097210 3

FAX AUDIT #: H05000097210 3

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	Phillip Buckingll 757 Tropical Circle Sarasota FL 34242

(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.)

PHILIP BUCKINGHAM
Typed or printed name of signee

FILED
2005 APR 20 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FAX AUDIT #: H05000097210 3

Page 2 of 2

FAX AUDIT # H05000097210 3

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	Philip Bucknell 757 Tropical Circle Sarasota Fl, 34242

(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.)

PHILIP BUCKNELL
Typed or printed name of signee

FILED
2005 APR 20 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FAX AUDIT # H05000097210 3