

FROM : JACKANDDIANEGRIFIN

FAX NO. : 17728784939

Aug. 31 2005 09:12PM P1

FROM : CLARION VENTURES, INC.

FAX NO. : 623 465 8640

Aug. 26 2005 05:45PM P1

L05000086697

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 : (623) 465-8636  
Fax Number : (623) 465-8640

LIMITED LIABILITY COMPANY

Shea's Southern Consulting LLC

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

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DIVISION OF CORPORATION

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

05 SEP - 1 AM 10:11

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FROM : JACK AND DIANE GRIFFIN

FAX NO. : 17728784939

Aug. 31 2005 09:12PM P2

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shea's Southern Consulting LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2808 SW Vittorio St.

Port St. Lucie FL, 34953

**Mailing Address:**

2808 SW Vittorio St.

Port St. Lucie FL, 34953

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

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

Diane M. Griffin

Name

2808 SW Vittorio St.


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

Port St. Lucie,

FLORIDA 34953

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

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FROM : JACKANDDIANEGRIFIN

FAX NO. : 17728784939

Aug. 31 2005 09:13PM P3

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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

Diane M. Griffin

2808 SW Vittorio St.

Port St. Lucie FL, 34953

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Diane M. Griffin  
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.)

Diane M. Griffin  
Typed or printed name of signee

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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)

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