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p. 1

FROM : CLARION VENTURES, INC.

FAX : (623) 465-8640

JUN 20 2005 06:36PM P2

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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 : 120030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

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LIMITED LIABILITY COMPANY

Real Estate Investor Solutions LLC

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Real Estate Investor Solutions LLC

ARTICLE II - Address:

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

Principal Office Address:

9444 Candice Ct

Orlando Florida, 32832

Mailing Address:

9444 Candice Ct

Orlando Florida, 32832

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

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

Kristina Wingard

Name

9444 Candice Ct

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

Orlando,

FLORIDA 32832

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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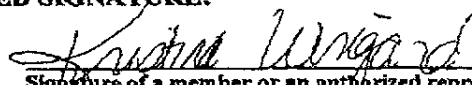
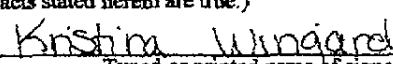
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Kristina Wingard 9444 Candice Ct Orlando Florida,, 32832
MGRM	Robert Wingard 5330 Ridge Run Terrace Chesterfield Virginia, 23837

(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)

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