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FROM: CLARION VENTURES, INC.

FAX NO. (623) 465-8640

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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

Tibi Home Repairs LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tibi Home Repairs LLC**ARTICLE II - Address:**

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

Principal Office Address:1857 Nimbus DrNorth Port Fl, 34287**Mailing Address:**1857 Nimbus DrNorth Port Fl, 34287**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:Tiberju Duduka

Name

1857 Nimbus DrFlorida street address (P.O. Box **NOT** acceptable)North Port,FLORIDA 34287

City, State, and Zip

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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..

Tiberju Duduka
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Tiberiju Duduka _____

1857 Nimbus Dr _____

North Port FL, 34287 _____

(Use attachment if necessary)

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

Tiberiju Duduka
 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.)

Tiberiju Duduka
 Typed or printed name of signer

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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