

L05000102101

FROM : Joseph Almeida

FAX NO. : 925 226 4838

Oct. 17 2005 06:24AM P1

Florida Department of State
Division of Corporations
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((H05000244855 3))

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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

RECEIVED
05 OCT 17 AM 10:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

JA Lakeway LLC

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$125.00

2005 OCT 17 A 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FROM : Joseph Almeida

FAX NO. : 925 226 4838

Oct. 17 2005 06:24AM P2

FROM : Joseph Almeida

FAX NO. : 925 226 4838

Oct. 16 2005 10:53PM P1

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JA Lakeway 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

5252 New Tampa Hwy

P.O. Box 2184

Lakeland, Florida 33815

Concord, California 94521

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

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

Ron Pillay

Name

2972 White Cedar Circle

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

Kissimmee

FLORIDA 34741

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 605, Florida Statutes.

Registered Agent's Signature

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(CONTINUED)

fax audit: H/050002448553

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TALLAHASSEE

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ARTICLE IV- Manager(s) or Managing Member(s):

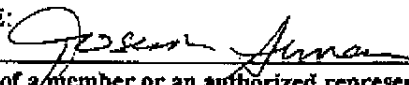
The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
"MGR"= Manager	
"MGRM" = Managing Manager	
MGRM	Joseph Almeida 18 Wimpole Street Moraga California, 94556
MGRM	Acaria Almeida 18 Wimpole Street Moraga California, 94556
MGRM	
MGRM	

(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.)

JOSEPH ALMEIDA
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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TALLAHASSEE, FLORIDA

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