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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

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

JA Lakeway LLC

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

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TALLAHASSEE, FLORIDA

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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 608, Florida Statutes.

Ronald Pillay

Registered Agent's Signature

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Doc audit: H05000244855 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 Manager	Name and Address
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: Joseph Almeida

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 signee

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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)

 Tax Audit: H05000244855 3