

M D V I P

Nov 9 2005 17:35 P.01

LOST000/09848

(H050002603583)

FILED

Florida Department of State NOV 10 P 3:39

Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000260358 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 NOV 10 AM 8:19
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Webeye Q LLC

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

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

(H050002.603583)

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2005 NOV 10 P 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Webeye Q LLC**ARTICLE II - Address:**

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

Principal Office Address:2225 spring harbor dr. Apt. Idelray beach fl, 33445**Mailing Address:**2225 spring harbor dr. Apt. Idelray beach fl, 33445**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

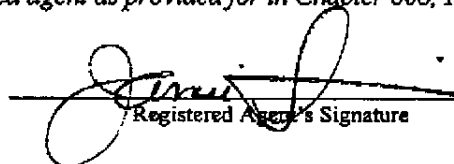
Jamie Schlifstein

Name

2225 Spring Harbor Dr. Apt. IFlorida street address (P.O. Box NOT acceptable)Delray Beach, FLORIDA 33445

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

FILED

2005 NOV 10 P 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H050002603583)

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:MGRMJamie Schlifstein2225 Spring Harbor Dr. Apt. 1Delray Beach FL, 33445

(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.)

Jamie Schlifstein

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)