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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.
Account Number : T20030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HOME REAL ESTATE PROFESSIONALS LLC

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

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Corporate Filing Menu

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOME REAL ESTATE PROFESSIONALS LLC**ARTICLE II - Address:**

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

Principal Office Address:37101 N. COUNTY RD. 44AEUSTIS FL, 32736**Mailing Address:**37101 N. COUNTY RD. 44AEUSTIS FL, 32736SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

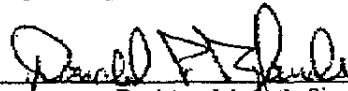
DONALD P. RYLANDS

Name

3303 CULLEN LAKESHORE DRIVEFlorida street address (P.O. Box **NOT** acceptable)ORLANDO, FLORIDA 32812

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 603, 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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ALICIA DAWN WILLIAMS

37101 N. COUNTY RD. 44A

EUSTIS FL., 32736

MGRM

DONALD P. RYLANDS

3303 CULLEN LAKESHORE DRIVE

ORLANDO FL, 32812

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

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

Alicia Dawn Williams *Donald P. Rylands*
 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.)

Alicia Dawn Williams *Donald P. Rylands*
 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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