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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 : I20030000026
Phone : (623)465-8636
Fax Number : (623)465-8640

4/4 mail

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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((H060000861703))

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:	**Mailing Address:**
37101 N. COUNTY RD. 44A	37101 N. COUNTY RD. 44A
EUSTIS FL, 32736	EUSTIS FL, 32736

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TALLAHASSEE, FLORIDA

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 DRIVE
Florida 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 608, 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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(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 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)

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