

Apr 26, 06 07:29a

Katie Allen

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p.3

FROM : CLARION VENTURES, INC.

FAX NO. : (623) 465-8640

Apr. 26 2006 05:53 PM P2

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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Everglades Sod Sales LLC

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

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06 APR 27 AM 8:36  
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06 APR 27 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. HODGES

H/06 000 115863

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Everglades Sod Sales LLC**ARTICLE II - Address:**

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

**Principal Office Address:**3500 Ortona Locks RdMoore Haven Fl, 33471**Mailing Address:**3500 Ortona Locks RdMoore Haven Fl, 33471**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

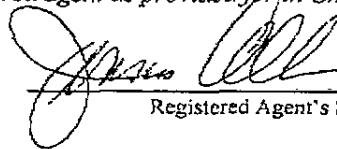
Jenness Allen

Name

3500 Ortona Locks RdFlorida street address (P.O. Box **NOT** acceptable)Moore Haven, FLORIDA 33471

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

Douglas L. Allen

3500 Ortona Locks Rd

Moore Haven FL, 33471

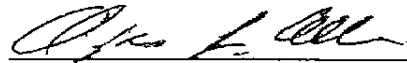
MGRM

Timmy Brooks

142 SE 4th St N

Belle Glade FL, 33430

(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.)

Douglas L. Allen

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)