

07/07/2006 09:08 FAX

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FROM : CLARION VENTURES, INC.

FAX NO. : (623) 465-8640

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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 : 120030000026  
Phone : (623) 465-8636  
Fax Number : (623) 465-8640

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DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Hurricane Creek Properties LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hurricane Creek Properties LLC**ARTICLE II - Address:**

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

**Principal Office Address:**12193 Old Indiantown RdJupiter Florida, 33478**Mailing Address:**12193 Old Indiantown RdJupiter Florida, 33478**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Rebecca D. Caldwell

Name

12193 Old Indiantown RdFlorida street address (P.O. Box **NOT** acceptable)Jupiter,FLORIDA 33478

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.*

Rebecca D. Caldwell  
Registered Agent's Signature

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**FILED****ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows: 2006 JUL -7 A 11:31

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**SECRETARY OF STATE  
TALLAHASSEE, FLORIDAMGRM

Rebecca D. Caldwell

12193 Old Indiantown Rd

Jupiter Florida,, 33478

(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.)

Rebecca D. Caldwell

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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