OCT-05-2006(THU) 16:18 SELECT MORTGAGE SERVICES (FAX)407 539 P.001/003

L06000091877

Transaction Report

Send
Transaction(s) completed

No.	TX Date/Time	Destination	Duration	P.#	Result	Mode
019	OCT-05 12:03	850 205 0383	0°00'49"	003	OK	N ECM

Transaction Report

Send
Transaction(s) completed

No.	TX Date/Time	Destination	Duration	P.#	Result	Mode
008	OCT-04 15:03	623 465 8640	0°04'09"	007	OK	Normal

faxed to state

FROM :CLARION VENTURES, INC. FAX NO. :623 465 8640 Oct. 02 2006 05:09PM P2

Florida Department of State
Division of Corporations
Public Access System

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.

(((H06000242414 3)))

H06000242414CABECX

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
06 OCT -5 PM 4:33
DIVISION OF CORPORATION

FILED
06 OCT -5 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

faxed to 10352

FLORIDA FOREIGN LIMITED LIABILITY CO.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Hermon Village 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:**
2265 Lee Rd ste 219	2265 Lee Rd ste 219
Winter Park Florida, 32789	Winter Park Florida, 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Jack Speaks
Name

2265 Lee Rd Ste 219
Florida street address (P.O. Box NOT acceptable)

Winter Park, FLORIDA 32789
City, State, and Zip

FILED
06 OCT -5 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

[signature] 10-4-06
Registered Agent's Signature

Mailed to state w/ $125 10/4/06

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Jack Speaks 2265 Lee rd Ste 219 Winter Park Florida,, 32789

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

10-4-06
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.)

Jack Speaks 10-4-06
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)