

FROM :

FAX NO. : 9544333843

Dec. 01 2005 12:01PM P1

H0600028571

**L26000115394**

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

*BM*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**One Lake Brandon LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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FROM :

FAX NO. : 9544333843  
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Dec. 01 2005 12:01PM P2

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

One Lake Brandon LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3370 SW 192 Avenue

Miramar FL, 33029

**Mailing Address:**

3370 SW 192 Avenue

Miramar FL, 33029

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

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

Michael Gayle

Name

3370 SW 192 Avenue

Florida street address (P.O. Box **NOT** acceptable)

Miramar,

FLORIDA 33029

City, State, and Zip

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06 DEC -1 PM 1:31  
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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..*

  
Registered Agent's Signature

**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:**

MGR

Michael Gayle

3370 SW 192 Avenue

Miramar FL, 33029

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(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.)

MICHAEL GAYLE  
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)