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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Clarion Working Capital LLC

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**ARTICLES OF ORGANIZATION
OF
Clarion Working Capital LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Clarion Working Capital LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 15 Warren St., Apt. 425, Jersey City, New Jersey 07302.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Robert Ferris, CPA, 2389 Ringling Blvd, Suite D, Sarasota, Florida 34237. Located in the County of Sarasota.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Nancy Mina, 15 Warren St., Apt. 425, Jersey City, New Jersey 07302



Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Clarion Working Capital LLC**

The name and address of the registered agent and office is Robert Ferris, CPA, 2389
Ringling Blvd, Suite D, Sarasota, Florida 34237. Located in the County of Sarasota.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: Robert Ferris
Robert Ferris, CPA

Date: 1/16/07

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