

02/19/08

TUE 16:59 FAX 386 431 8674

Norm and Valerie Walker

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (801) 745-2785
Fax Number : (801) 745-2814

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Walker Concepts LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Norm and Valerie Walker

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850-617-6381

2/19/2008 9:09

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Florida Dept of State



February 19, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CLARION VENTURES, INC.

SUBJECT: WALKER CONCEPTS LLC

REF: W08000008545

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The operating agreement is not filed with the state. Please submit the articles without the operating agreement.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX And. #: H08000042039
Letter Number: 308A00010423

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Walker Concepts LLC**ARTICLE II - Address:**

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

Principal Office Address:745 Lambert AvenueFlagler Beach Florida, 32136**Mailing Address:**745 Lambert AvenueFlagler Beach Florida, 32136

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

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

Norman A Walker

Name

745 Lambert AvenueFlorida street address (P.O. Box NOT acceptable)Flagler Beach, FLORIDA 32136

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.

Norman A Walker

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:****MGR****Norman A Walker****745 Lambert Avenue****Flagler Beach Florida, 32136**

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Norman A Walker
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.)

Norman A Walker
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)**

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