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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 : 120030000026  
Phone : (801) 745-2785  
Fax Number : (801) 745-2814

08 MAR 27 AM 10:57

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SECRETARY OF STATE  
DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**channel locked construction LLC**

Certificate of Status	0
Certified Copy	0
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**G. MCLEOD**

MAR 28 2008

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(H0800000741933)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

channel locked construction LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1707 A BELLEAIR FOREST DR

BELLEAIR FLORIDA, 33756

**Mailing Address:**

1707 A BELLEAIR FOREST DR

BELLEAIR FLORIDA, 33756

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

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

AGUSTIN MILANI

Name

1707 A BELLEAIR FOREST DR

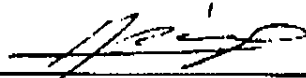
Florida street address (P.O. Box NOT acceptable)

BELLEAIR,

FLORIDA 33756

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..*



Registered Agent's Signature

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(CONTINUED)

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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:**

MGRM

AGUSTIN MILANI

1707 A BELLEAIR FOREST DR

BELLEAIR FLORIDA, 33758

MGRM

GEZIM GURI

1707 A BELLEAIR FOREST DR

BELLEAIR FLORIDA, 33758

(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.)

AGUSTIN MILANI  
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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