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To:
Division of Corporations
Fax Number : 850.617-6381

From:
Account Name : CLARION VENTURES, INC.
Account Number : 120300000026
Phone : 305.715-2700
Fax Number : 305.749-2814

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Limestone Holding Company LLC

Certificate of Status	0
Certified Copy	0
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T. HAMPTON
OCT - 6 2008
EXAMINER

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H08000008652 3

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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

Limestone Holding Company 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:**
3224 Highway 73 North	PO BOX 1026 ~~3224 Highway 73 North~~
Marianna FL. 32446	Marianna FL. 32446

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

Scott Kaufman
Name

2689 Choctaw Trail
Florida street address (P.O. Box **NOT** acceptable)

Marianna, FLORIDA 32446
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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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	Scott Kaufman 2689 Choctaw Trail Marianna FL,. 32446
MGRM	Marvin Barron 14214 Bear Creek Road Duncanville AL, 35456
MGRM	C Wayne Adkinson 3648 Robin Circle Birmingham AL, 35242

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Scott Kaufman

Signature of a member or an authorized representative of a member.

(In accordance with section 608.4085(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SCOTT KAUFMAN

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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