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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) 745-2814
Fax Number : (801) 745-2185

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Maria@Maria Ortiz Studios.com

FLORIDA LIMITED LIABILITY CO.**Maria Ortiz Studios LLC**

Certificate of Status	0
Certified Copy	0
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C. LEWIS

MAY 28 2010

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2010 MAY 27 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maria Ortiz Studios LLC**ARTICLE II - Address:**

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

Principal Office Address:227 S. Armenia Ave. #12Tampa Florida, 33609**Mailing Address:**227 S. Armenia Ave. #12Tampa Florida, 33609**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Maria Ortiz

Name

227 S. Armenia Ave. #12Florida street address (P.O. Box **NOT** acceptable)Tampa,FLORIDA 33619

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..

Maria A. Ortiz

Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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

Maria Alejandra Ortiz

227 S. Armenia Ave. #12

Tampa Florida, 33609

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:***Maria A. Ortiz*

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.)

MARIA A. ORTIZ

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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