Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLARION VENTURES, INC.

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

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

BDM Capital Advisors LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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J. BRYAN

AUG 1 6 2010

EXAMINER

AUG-13-2010 FRI .08:18 AM

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	
The mailing address and street ad	dress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3875 Melgert Circle	3875 Meigert Circle
Sarasota Florida, 34235-8105	Sarasota Florida, 34235-8105
ARTICLE III - Registered Ager	nt, Registered Office, & Registered Agent's Signature
	nt, Registered Office, & Registered Agent's Signature
The name and the Florida street a	
The name and the Florida street a	Name Name
The name and the Florida street a Bruce Moore 3875 Meigert C	Name Name
The name and the Florida street a Bruce Moore 3875 Meigert C	Name Circle

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 $^{\prime}$ 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

Page 1 of 2 (CONTINUED)

(((H100001812673)))

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	Bruce D Moore	
	3875 Meigert Circle	_
	Sarasota Florida,, 34235-8105	_ _
MGRM	Maureen S Moore	
	3875 Melgert Circle	_
	Sarasota Florida, 34235-8105	_
		_
		
**************************************	Fax Audit Number	_
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(Use attachment if necessary)		
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NOTE: An additional article must be	e added if an effective date is requested.	全型高型
REQUIRED SIGNATURE:	lo t	認って
Bause ()	IN rom O	
Signature of a member or an a	authorized representative of a member.	
<u> </u>	•	8: 07
	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	DE S
RDICE N	MAGRE	

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)

Typed or printed name of signee