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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
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FLORIDA LIMITED LIABILITY CO.

LaRa Real Estate LLC

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

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B. BOSTICK

NOV 30 2010

EXAMINER

FAX AUDIT NUMBER H100002554753

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LaRa Real Estate LLC**ARTICLE II - Address:**

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

Principal Office Address:7609 St. Stephens CtOrlando FL, 32835**Mailing Address:**7609 St. Stephens CtOrlando FL, 32835

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

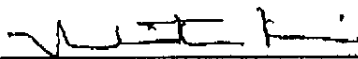
Lalitha Kumari Vallabhaneni

Name

7609 St. Stephens CtFlorida street address (P.O. Box NOT acceptable)Orlando,FLORIDA 32835

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:MGRMLalitha Kumari Vallabhaneni7609 St. Stephens CtOrlando FL, 32835MGRMRamesh Babu Vallabhaneni7609 St. Stephens CtOrlando FL, 32835

(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.)

LALITHA KUMARI VALLABHANENI

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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