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(Re	questor's Name)	
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T. HAMPTON JAN - 5 2011 EXAMINER

## COVER LETTER

Division of Cor			· · · · · · · · · · · · · · · · · · ·
SUBJECT:	CLAR	LET REALTY,	44C
	Name of Limite	d Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
	TOHN 1	?. ASP	
		Name of Person	
	CLARET	NEALTY, LLC	
		1 title Company	_
	1352 6	SILFORD POINT	_ <i>LN</i> .
		Address	
	CHAMPION	IS GATE, FL	33896
	Morski 109	IS GATE, FL Vistate and Zip Code of a of. Com	
	E-mail address: (to be used for	or future annual report notification)	
For further information c	concerning this matter, please	call:	
JOHN R	. ASP	at ( 407) 234-2 Area Code & Daytime Telep	8426_
Name o	f Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
CLARET REALTY LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con	mpany	'is:
Principal Office Address:  Mailing Address:		
1352 GILFORD POINT LN. 1352 GILFORD POINT CHAMPIONS GATE, FL 33896 CHAMPIONS GATE, FL	LN. 33	<del>8</del> 96
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anoth business entity with an active Florida registration.)	' <b>e:</b> er	
The name and the Florida street address of the registered agent are:		
Name		
1352 GILFORD POINT LN - Florida street address (P.O. Box NOT acceptable)		
CHAMPIONS GATE FL 33896 City, State, and Zip		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608	nent as iions oj with ar	s f all nd
Registered Agent's Signature (REQUIRED)	11 JAN -4	SECRETAR BIVISION SF
(CONTINUED)	# PH	85.RP & 1
Page 1 of 2	•	

	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGR_	JOHN R. ASP 1352 GILFORD POINT LN CHAMPIONS GATE, FL 33	1890
	(Use attachment if necessary)		
an e	CLE V: Effective date, if other than the	date of filing: (OPTION e specific and cannot be more than five business d	
an e	CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:		
an e	CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	r or an authorised representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
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