

L04000064992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

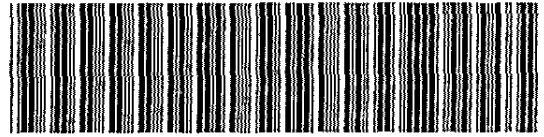
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name Availability	
Document Examiner	
Updater	Office Use Only
Updater Verifier	
Acknowledgement	000
W. P. Verifier	000



700040574547

08/30/04--01047--001 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 AUG 30 P 12:30

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3E LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric E. Coffie
(Name of Person)

(Firm/Company)

11965 SW 217 St
(Address)

Miami, FL 33170
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric E. Coffie at (786) 208-2071
(Name of Person) (Area Code & Daytime Telephone Number)

2004 AUG 30 P 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

3E LLC

ARTICLE II - Address:

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

Principal Office Address:

11965 SW 217 St, Miami, FL 33170

Mailing Address:

11965 SW 217 St, Miami, FL 33170

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Eric E. Coffie

Name

11965 SW 217 St

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

Miami, FL 33170

FLORIDA

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

FILED
2009 AUG 20 P 12:30
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:

Manager

Eric E. Coffie

11965 SW 217 St

Miami, FL 33170

Managing Member

Willie J. Coffie

11965 SW 217 St

Miami, FL 33170

Managing Member

Earl M. Coffie Sr.

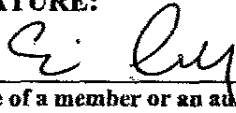
11965 SW 217 St

Miami, FL 33170

(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.)

Eric E. Coffie

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)

FILED
2009 JUN 30 P 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA