

1040000 73099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

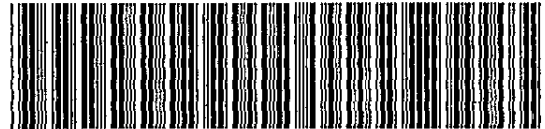
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 OCT -7 AM 10:51

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Partial Eclipse 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:

James M. Meyer
(Name of Person)

Harper Meyer Perez Ferrer & Hagen LLP
(Firm/Company)

701 Brickell Avenue, Suite 1650
(Address)

Miami, Florida 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Plantada Diaz, Legal Assistant at (305) 577-3443
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Partial Eclipse LLC

ARTICLE II - Address:

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

Principal Office Address:

1712 N.E. 28th Drive

Wilton Manors, Florida 33334

Mailing Address:

701 Brickell Avenue

Suite 1650

Miami, Florida 33131

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

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

Law Center of the Americas, LLC

Name

701 Brickell Avenue, Suite 1650

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

Miami

FLORIDA 33131

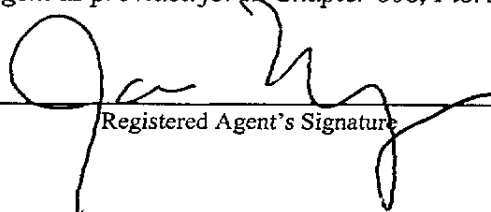
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	
<u>Pamela Stephany</u>	<u>1712 N.E. 28th Drive</u> <u>Wilton Manors, Florida 33334</u>
MGRM	
<u>Michael Blank</u>	<u>400 ALTON RD #1906</u> <u>MIAMI BEACH FL 33139</u>

(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.)

PAMELA STEPHANY MICHAEL BLANK
 Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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- 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)