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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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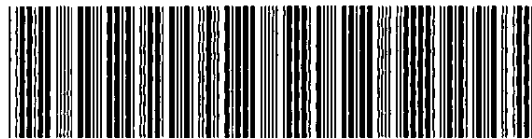
(Business Entity Name)

(Document Number)

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EXAMINER

p82.50

STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA¹
¹LL.M. IN TAXATION

THE HAMILTON BUILDING
2799 NW Boca Raton Blvd., Suite 203
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

VIA NEXT DAY UPS

April 22, 2009

State of Florida
Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Libra Partners Management LLC
Libra Partners LLLP

Dear Sir/Madam:

Please find enclosed for filing two (2) original Articles of Organization for the above LLC and two (2) original Certificates for the above LLLP. Please first certify the LLC, as it will act as General partner for the LLLP.

Also enclosed is our check for \$1,207.50, made payable to the Florida Department of State, which represents all appropriate filing fees for both entities.

Please return the completed paperwork to me at the address noted above. A self-addressed, pre-paid UPS envelope is enclosed for your convenience.

Thank you for your prompt cooperation.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

Steven A. Sciarretta

SAS/dc

Enclosures

**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
OF
LIBRA PARTNERS LLLP**

1. LIBRA PARTNERS LLLP

(name of Limited Liability Limited Partnership must contain a suffix such as "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP")

2. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(The business address of the Limited Partnership)

3. Steven A. Sciarretta, Esquire

(Name of Registered Agent for Service of Process)

4. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(Florida street address of Registered Agent)

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered Agent must sign here to accept designation as Registered Agent)

6. Set forth on Line #2

(The mailing address of the Limited Partnership)

7. This Limited Partnership elects to be a Limited Liability Limited Partnership.

8. NAME OF GENERAL PARTNER

SPECIFIC ADDRESS

Libra Management LLC

2799 NW Boca Raton Blvd.
Suite 203
Boca Raton, FL 33431

9. The effective date of this limited liability limited partnership shall be the date of filing.

Signed this 22nd day of April, 2009
Signature of General Partner: _____

Steven A. Sciarretta
On behalf of Libra Partners Management LLC