604000029365

(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:

Office Use Only

FF \$125 colous 35



500031251065

04/09/04--01006--004 **2166.25

TALLAHAZZEE FLOREA

2 0 M 2:10

LOH- JUBLES

LAW OFFICES MICHAEL LAPAT

3300 University Drive Suite #311 Coral Springs, Florida 33065 (954) 345-6442 (954) 344-0288 (Fax) 11 South LaSalle Street Suite # 1500 Chicago, Illinois 60603 (312) 641-3723

Please Reply to Florida Office

April 4, 2004

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

> RE: Seaforth Meridian, Ltd. \$1,846.25 Seaforth Meridian Management, LLC \$ 160.00 Seaforth Meridian Advisors, LLC \$ 160.00 \$2,166.25

Dear Sir or Madam:

Enclosed herein please find a Certificate of Limited Partnership and Articles of Organization for the above referenced LLC's.

Also enclosed is one check in the amount of \$2,166.25 representing the filing and certified copy fees for these formations. Please return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Very truly yours,

Kristine Cobban

KC enclosure

TRANSMITTAL LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: SEAFORTH MERIDIAN MANAGEMENT, 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:	
MICHAEL LAPAT	
(Name of Person)	-
LAW OFFICE OF MICHAEL LAPAT	
(Firm/Company)	
3300 UNIVERSITY DRIVE, SUITE 311	
(Address)	
CORAL SPRINGS, FLORIDA 33065	<u>-</u>
(City/State and Zip Code)	
For further information concerning this matter, please call:	Cy III ?
KRISTINE COBBAN at (954) 345-6442	
(Name of Person) (Area Code & Daytime Telephone Number)	

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

The name of the Limited Liability Company is:		
SEAFORTH MERIDIAN MANAGEMENT, LLC	<u></u>	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
320 BERNARD AVENUE	320 BERNARD AVENUE	
SARASOTA, FLORIDA 34243-1904	SARASOTA, FLORIDA 34243-1904	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered		
JOHN FRIEDRICH, MANAGER	HATALA SOLUTION OF THE PROPERTY OF THE PROPERT	
Name	ASSA ASSA	
320 BERNARD AVENUE		
Florida street address (P.O. Box NO	T acceptable)	
SARASOTA	ORIDA 34243	
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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	.e	
MGRM	JOHN FRIEDRICH 320 BERNARD AVENUE SARASOTA, FLORIDA 34243-1904	: 	
- ~:		- VE	
		, ***	
(Use attachment if necessary)			,
	added if an effective date is requested.		Ţ.
REQUIRED SIGNATURE: Signature of a member or an au	athorized representative of a member.		j
(In accordance with section 608.	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury		
JOHN FRIEDRICH	nted 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)