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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NFWITY GROUP SOUTHEAST L.L.C. (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 R. ZUEER (Name of Person)			
INFINITY GROUP SOUTHERST, LCC. (Firm/Company)			
P-0 Box 3523			
(Address)	-		
City/State and Zip Code)			
For further information concerning this matter, please call:			
1.3			

STREET ADDRESS:

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

(Name of Person)

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:	
INFINITY GROUP SOUTHEAST,	UC.
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:
2356 EW. WAX RF	P.O. Box 3523
CAVE CITY FC. 32024	LAKE COTY, FL. 32056
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registere	
JAMES R. ZURA Name	O4 DEC
2356 SW WILE FD Florida street address (P.O. Box No.	
	ORIDA 1 32024 55

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:	
MGR.	JAMES P. FIBER P. U. BOX 3523 LAGE CITY, FL. 32056	
· · · · · · · · · · · · · · · · · · ·	P.O. BOX 362 LAKE CIPY, FL 32056	
	CHRIS ENERAL 1378 P.O. BOX 1377. 1448 CATY, Pr. 32056	
(Use attachment if necessary)		
NOTE: An additional article must be a	dded if an effective date is requested.	
REQUIRED SIGNATURE:  Signature of a member or an aut	horized 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.)		
JAMES Z., Typed or print	ed 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)