L05000015550

(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:	





900045795139

02/10/05--01025--004 **160.00

2005 FEB TO PN 1:31

Enrique Wolf 19500 Turnberry Way, Suite 8-B Aventura, Florida 33180 Telephone (305) 785-5907 – Facsimile (305) 705-0829 e-mail: enriquewolf@bellsouth.net

February 8, 2005

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Registration of a New LLC

Gentlemen:

Attached please find the articles of incorporation for our new Limited Liability Company, namely Southeast Partners LLC. Also attached please find a check on the amount of \$160.00 to cover the cost of registration, certificate and certified copy.

Should you have any questions, please do not hesitate in calling me.

Sincerely Yours,

Enrique Wolf

005 FEB | O PM | 1:31

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: 50-Theast Partivers L.L.C. (Name of Limited Liability Company)
(Name of Limited Liability Company)
SUBJECT: Sortheast Partivers 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: Evalque Wolf (Name of Pareon)
Please return all correspondence concerning this matter to the following:
Eurique Wolf (Name of Person)
(Name of Person)
WOIF Real Estate Scoop, WC. (Firm/Company)
(Firm/Company)
19500 TURNBERRY WAY- 8-B
Aventura, F/ 33/80 (City/State and Zip Code)
For further information concerning this matter, please call:
Eurique Wolf at (305) 785-5907 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\begin{align*} \begin{align*} \lambda & 130.00 & Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \end{align*} \begin{align*} \lambda & 155.00 & Filing Fee & Certified Copy (additional copy is enclosed) \end{align*} \begin{align*} \lambda & 160.00 & Filing Fee, Certified Copy (additional copy is enclosed) \end{align*}

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	s:
Southeast Partne.	es LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Companyis:
Principal Office Address:	Mailing Address:
19500 Tunbeney Way Suite 8-B Aventuna, Fl 33180	19500 Turnberry Way Suite 8-B Prentura, F1 93180
A PROMOTE TO THE PARTY OF THE P	

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

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

Name

19500 Tinnberry Waf, 8-B

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

Prentum fl 33180

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, F.S..

Registered Agent's Signature

(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:
MGRM	ENRIQUE WOLF 19500 Trenberry Way, 8-B AUCHTURR, F133180
MGRM	MARY WOIF 19500 TURNBERRY WAY, 8-B AUENTMA, FI 53180
	2005
(Use attachment if necessary)	AHASSEE
NOTE: An additional article must be	added if an effective date is requested 2
REQUIRED SIGNATURE:	RIDAS PRIDAS
Jus	ef_
Signature of a member of	r an authorized representative of a member.
of this document constitute that the facts stated here	
Enrique	or printed name of signee
Typed	or printed name of signee

10.20

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)