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# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESTERO E G (Name of Limited Li	ability Company)
The enclosed Articles of Organization and fee(s) are subm	litted for filing.
Please return all correspondence	concerning this matter to the following:
MA77HEW (Name	FALCONER
(Nam	e of Person)
ESTERO EC	Company)
4403 VINE	and 20, 57F B-15
OR LANDO (City/State	, FL 32-811 and Zip Code)
For further information concerning this matter, please call:	
MAT 7 How FALCONN all	(Area Code & Daytime Telephone Number)  MAILING ADDRESS:
(Name of Person)	(Area Code & Daytime Telephone Number)
	7 T
	) P
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 15, 2005

MATTHEW FALCONER ESTERO EQUITIES, LLC 4403 VINELAND RD, STE B-15 ORLANDO, FL 32811

SUBJECT: ESTERO EQUITIES, LLC

Ref. Number: W05000007885

We have received your document for ESTERO EQUITIES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 805A00010594

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ESTERO E	QUITIES, CLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is		
Principal Office A	Address:	Mailing Address:
		4403 VINELAND R
		STE B-15
		ORIMBO, FL 32811
	Florida street address (P.O.)	Box NOT acceptable)
	ORLANZO, City, State, and	N FALCUME NO RO SUITE B-15 Box NOT acceptable)  FLORIDA 328/1
my at the place desig o act in this capacity. Omplete performance	City, State, and istered agent and to accept serving the complex of the complex with the comply with the complex with the com	FLORIDA 328/    The desired of process for the above stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to the proper with and accept the obligations of my position as
ny at the place desig act in this capacity. mplete performance	City, State, and istered agent and to accept serving the serving attention of the serving and the serving attention of my duties, and I am familiar is serving to the serving and I am familiar is serving at the serving and I am familiar is serving at the serving attention of my duties, and I am familiar is serving attention of the serving at the serv	re of process for the above stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to the property and accept the obligations of my position as apter 608, Florida Statutes

	- Manager(s) or Managing Member(s): address of each Manager or Managing Member is as follows:
Title: "MGR" = Man "MGRM" = M	Name and Address: ager anaging Member
MGRM	MATTHEW FALCOURL 4403 VIMELAMO RD, SUITE B-15 ORLANDO, FL 32811
(Use attachmen	t if necessary)
NOTE: An ad	ditional article must be added if an effective date is requested.
REQUIRED S	
Sig	astite of a member or an authorized representative of a member
of t	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
	Typed or printed name of signee
	/ Typed of printed 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)