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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
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Certified Copies Certificates of Status		
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DIVLION OF CORPORATIONS
TALLAHASSEE, FLORIDA

105-15345 MAR 25 2005

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Name of Limited	LS LC d Liability Company)	
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Hamler Rodney No	Name of Person)	Q 2
Noel Propertie	S (C)	多多
14737 West D	ixie Highway (Address)	ASSEE, FLORID
Miami Fl. (City/)	33181 State and Zip Code)	P 5
For further information concerning this matter, please of	call:	
Hamler Rodney Loca (Name of Person)	at (186) 251- 739 (Area Code & Daytime Telephone Number)	2
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Co (additional copy	f Status &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327Tallahassee, Florida 32314	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 25, 2005

HAMLER RODNEY NOEL NOEL PROPERTIES, LLC 14737 WEST DIXIE HIGHWAY MIAMI, FL 33181

SUBJECT: NOEL PROPERTIES, LLC

Ref. Number: W05000015345

We have received your document for NOEL PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 605A00020584



ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	A PLANT OF THE PARTY OF THE PAR	
Noel Propertie	25,11C	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company.		
Principal Office Address:	Mailing Address:	
14737 West Dixie Highway Miami, Fl. 33181	14737 West Dixie Highway Minmi, Fl. 33181	
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:	
The name and the Florida street address of the	registered agent are:	

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..

Miami FL 33/8/

Wast Dixie Highway
Florida street address (P.O. Box NOT acceptable)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
W/tse	Hamler Rodney Work 18737 Ways Device Herry Wisma Fy 33186	
	E CORPORATION OF THE PROPERTY	
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:		

Signature of a member or an authorized 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.)

Handle Rollmer

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)