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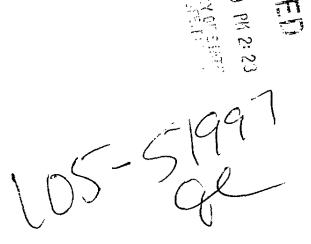
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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LEFECTIVE DATE

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
CUMINGS. DV Downhause IIIC	
SUBJECT: RE Partners, LLC (Name of Limited Liability Company)	
(2.1111 ) 2.111   3.7	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Leticia Morales	
(Name of Person)	- 4
RE Partners, LLC	
(Firm/Company)	
P.O. Box 540806 (Address)	
(Audress)	
Lake Worth, FL 33454-0806	
(City/State and Zip Code)	• • • • • • • • • • • • • • • • • • • •
For further information concerning this matter, please call:	
For future information concerning and matter, preuse cent.	
Leticia Moralesat( 561 _) 868-7716	
Leticia Morales at (561) 868-7716  (Name of Person) (Area Code & Daytime Telephone Number)	***
(	
Enclosed is a check for the following amount:	•
	; !
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & \$160.00 Filing Fee.	,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	المشتند به المالية الم المالية المالية المالي
(additional copy is enclosed) certified Copy is enclosed) (additional copy is enclosed)	ga ji Herenda
<u>් සිත</u> -	T) # 3 1

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:	
RE Partners, LLC	
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
P.O. Box 540806	P.O. Box 540806
Lake Worth, FL 33454-0806	Lake Worth, FL 33454-0806
Jason S. Rudolph, Es  Name  10800 Biscayne Boul  Florida street address (P.O. Box	
Miami City, State, and Zi	FLORIDA 33161
aving been named as registered agent and to accept service ompany at the place designated in this certificate, I hereby acree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar wit registered agent as provided for in Chapt	ccept the appointment as registered agent and provisions of all statutes relating to the proper than accept the obligations of my position as

Page 1 of 2 (CONTINUED) FFECTIVE DATE

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" = N "MGRM" =	∕Ianager - Managing Member	Name and Address:	
Manager	<u>•</u> -	<u>Leticia Morales</u>	
		P.O. Box 540806	
		Lake Worth, FL	33454-0806
	<del></del>		
		<del></del>	
	<u> </u>		
	•	<u>:</u>	
	<del></del>		
(Use attachi	ment if necessary)		
	37		
NOTE: A	additional article must be	added if an effective date	is requested.
REQUIRE	D SIGNATURE:		
	Leticio	Mudes	
	Signature of a member or an au	thorized representative of a n	nember.
	(In accordance with section 608.4 of this document constitutes an at that the facts stated herein are true	ffirmation under the penalties of	cution ** f perjury
	Leticia Morale	2 <b>S</b>	
	Typed or prin	nted name of signee	

\$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)

# Article V - Effective Date

I would like to request an effective date of May 20, 2005 for RE Partners, LLC.

Thank you.

Leticia Morales P.O. Box 540806 Lake Worth, FL 33454-0806

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