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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

LIMITED LIABILITY COMPANY

SOUTHEASTERN REAL ESTATE VENTURES LI

Certificate of Status	0
Certified Copy	1
Page Count	792-3
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: SOUTHEASTERN REAL ESTATE VENTURES LLC			
			ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:		
16500 Collins Ave #2558	SAME		
SUnny Isles Beach			
Florida 33160			
	• • • • • • • • • • • • • • • • • • • •		

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

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

DAVID V. YOUNG

1103 NW 180 AVE

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

PEMBROKE PINES, FL

33029

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 pravisions 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 508, F.S.

Registered Agent's Signatur

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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	Name and Address:	
"MGRM" = Managing Member	•	
MGRM	RICKI KANETI 16500 COLLINS AVE #2556 SUNNY ISLE BEACH, FL 33160	
MEMBER	LILIANA SCHUTMAN	
	1213 AVE 2 # F-35	
	BROOKLYN, NY 11235	
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		

REQUIRED SIGNATURE:

Signature of a member of 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 perjuty of that the facts stated herein are true.)

DAVID V. YOUNG (REPRESENTATIVE CPA) SAR OF Typed or printed name of signce