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**135.00

(Requestor's Name) (Address) (Address)	200055799492
(City/State/Zip/Phone #)	06/06/0501025027 **135.
(Business Entity Name)	f. HLM
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer: HO FT LC	

Office Use Only

TRANSMITTAL LETTER

TO: Registration S Division of C		
SUBJECT:	(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:	
RONALD HOGARTH		
(Name of Person)		
T&H COMPTROLLERS, INC.		
(Firm/Company)		
200 CAPRI ISLES BLVD., SUITE 2		
	(Address)	
VENICE, FL 34292		
	(City/State and Zip Code)	
For further information concerning this matter, please call:		
RONALD HO	at (
(Na	me of Person) (Area Code & Daytime Telephone Number)	

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 1 - Name: The name of the Limited Liability Company is:	
SEH INVESTMENTS	S, LLC
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 CAPRI IEUS BLVD.	THE LODGE
VENICE, FL 34292	PRINCE CHARLES AVE
	ORSETT GRAYS, ESSEX RW UNITED KINGDOM
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	
T&H COMPTROL Name	LERS, INC.
Florida street address (P.O.	Box NOT acceptable)
City, State, and	<u>FLORIDA .3429</u> 2 d Zip
aving been named as registered agent and to accept servious ompany at the place designated in this certificate, I hereby ree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar to	ce of process for the above stated limited liability y 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
registered agent as provided for in Cha	L. Aes.
Registered Agent's S	eth ethics are a second ethics.

Page 1 of 2(CONTINUED)

agree

The name and address of each Manager	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	STEPHEN HAYNES THE LODGE, PRINCE CHREWS AVE. DRSETT GRAYS, ESSEX RMIGSUS, UK
MGRM_	LYNN HAYNES THE LOUGE, PRINCE CHARLES AVE. ORSETT GRAYS, ESSEX RMIGSHS, UK
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·
Signature of a member from a	b uthorized representative of a member.
(In accordance with section 608, of this document constitutes an a that the facts stated herein are true to the facts of the section of the s	408(3), Florida Statutes, the execution

ARTICLE IV- Manager(s) or Managing Member(s):

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)