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(R	equestor's Name)	
(A	ddress)	
A)	ddress)	
(C	ity/State/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	o Filing Officer:	
		1/30/
	Office Use Only	



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H1/24/06--01006--010 **160.00

CSS Nevada

Corporate Support Services of Nevada, Inc.

December 30, 2005

Registration Section Corporations Division 409 E. Gaines St. Tallahassee, FL 32399

Re: SOUTHEASTERN DEVELOPMENT & ASSET MANAGEMENT, LLC

Dear Sir or Madam:

In order to file the above Articles of Organization we have enclosed the following:

1. Transmittal Letter;

- 2. Original and two (2) copies of the Articles of Organization;
- 3. One (1) checks payable to the Florida Department of State for \$160.00 for filing fee and certified copy fees; and
- 4. Priority Mail envelope.

Please file these documents at your earliest convenience. Also, please provide us with two file stamped copies of the filed document. Please return the filed documents to our office in the Priority Mail envelope provided for your convenience. If you have any questions, please do not hesitate to contact this office.

Thank you for your anticipated courtesy and cooperation in this matter.

Sincerely yours,

Alan Russell

AR :bh Encl.

COVER LETTER

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	gistration Se vision of Cor			
SUBJECT:	SOUTH		PMENT & ASSET MA	NAGEMENT, LLC
		(Name of Limited	Liability Company)	
		Organization and fee(s) are su	-	
Flease leiuli	i an correspo	ondence concerning this matter	to the following:	
		Ala	n Russell	
			Vame of Person)	
		00	0 N;	三名
			S Nevada	
		(Firm/Company)	0
		4535 W Sa	ahara Ave., Ste,2	200
			(Address)	
				Ž.
	• • • • • • • • • • • • • • • • • • • •		gas, NV 89102	
		(City/	State and Zip Code)	
For further in	nformation (concerning this matter, please	call:	
Alan Ru	ıssell		at (702 \ 933-40	34
		of Person)	at (702) 933-40 (Area Code & Daytime T	elephone Number)
		r the following amount:	_	
 \$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns - Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHEASTERN DEVELOPMENT & ASSET MANAGEMENT, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
5037 Harvey Grant Rd.	5037 Harvey Grant Rd.	
Orange Park, FL 32003	Orange Park, FL 32003	
	AEG JA	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Dr. Bruce Boswell	TE DA	
Name		
5037 Harvey Grant Rd.		
Florida street add	ress (P.O. Box NOT acceptable)	
Orange Park, City, State, as	<u>FL</u> 32003 nd 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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing M	ember
MGRM	Universal Property & Asset Management, LP 4535 W. Sahara Ave., Ste,200 Las Vegas, NV 89102
(Use attachment if necess	eary)
ARTICLE V: Effective date, if o (If an effective date is listed, the to or 90 days after the date of fili	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior ng.)
REQUIRED SIGNATU	RE: May
(In acco	rdance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury e facts stated herein are true.)
Alan I	Russell Typed or printed name of signee
	Typed of printed name of signee

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)