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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	_{ECT:} 37 NO	RTHEAST, LLC			
	 	(Name of Limite	d Liability Con	ipany)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for fil	ing.	
Please	return all corresp	ondence concerning this matte	r to the followi	ng:	
	Rokki Roga	an			
,		0	Name of Person)		
	Landqwest	Commercial, LLC			
,		(Firm/Company)		
	5245 Big I	Pine Way Suite 10	2		
,			(Address)		
	Ft. Myers,	FL 33907			
		(City.	State and Zip Co	ode)	
For fun	ther information	concerning this matter, please	call:		
Rokk	i Rogan		at (239	275-492	2
	(Name	of Person)		ode & Daytime T	elephone Number)
Enclos	ed is a check fo	or the following amount:			
√ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co	Filing Fee & opy sy 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 Taliahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Addression Section on of Corporation Building executive Center assec. FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	:
37 NORTHEAST, LLC	
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5245 Big Pine Way Suite 102	5245 Big Pine Way Suite 102
Ft. Myers, FL 33907	Ft. Myers, FL 33907
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the a Rokki Rogan	
Name Name	
5245 Big Pine Way Suite	102
<u> </u>	dress (P.O. Box NOT acceptable)
Ft. Myers,	FL 33907 and Zip
City, State,	and Zip
liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional Registered Agent's Signature.	
(CONTIN	UED)

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 Membe	e r
MGRM	Rokki Rogan
	11117 Harbour Estate Circle
	Ft. Myers, FL 33908
MGRM	Michael A. Camacci
	19720 Prince Benjamin Drive
	Lutz, FL 33549
MGRM	John Mounce
	15606 Light Blue Circle
	Ft. Myers, FL 33908
MGRM	David Ballew
	24876 Canary Island Court #102
	Bonita Springs, FL 34134
	nan the date of filing: (OPTIONA nust be specific and cannot be more than five business day
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Rokki Rogan

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee