10000088382

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900079331399

09/05/06--01013--015 **160.00

06 SEP -5 PM 4: 36

COVER LETTER

Division of Co			
SUBJECT: South	eastern Partners,	LLC	
3030ZC1		ed Liability Company)	<u> </u>
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this mate	er to the following:	
Joseph K	. Agostino		
		Name of Person)	
Miller, Ha	milton, Snider &	Odom, LLC	
		(Firm/Company)	The second second second
1175 Pe	achtree Street, N	N.E 100 Colony	/ Sq., Suite 1920
	<u> </u>	(Address)	
Atlanta,	Georgia 30361		
 		/State and Zip Code)	#2.5- <u>-</u> -
For further information	concerning this matter, please	onli.	
roi tataei momanon	concerning uns maner, piease	Can:	
Joseph K. Ago		at (404) 602-37 (Area Code & Daytime T	20
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	T.	T	Ma	PP (1)
A 34 1 3 1 3	. 11		. : 1	177

The name of the Limited Liability Company is:

Southeastern Partners, 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:

Miller, Hamilton, Snider & Odom, LLC
1200 Brickell Av., 11th Floor
Miami, FL 33131 (att. Tim Boyd)

Miller, Hamilton, Snider & Odom, LLC 1200 Brickell Av., 11th Floor Miami, FL 33131 (att. Tim Boyd)

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Miller, Hamilton, Snider & Odom, LLC - (att. Tim Boyd)

Name

1200 Brickell Av., 11th Floor

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

Miami, FL 33131

<u>F</u>L

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 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

06 SEP -5 PM L: 36

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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 Member	
MGRM	Timothy Boyd - Miller, Hamilton, Snider & Odom
<u> </u>	1175 Peachtree Street, N.E., 100 Colony Sq. Suite 1920
	Atlanta, Georgia 30361
	the second secon
•	
(I lee attachment if magagaams)	
(Use attachment if necessary)	
TEV: Effective date if other than the	e date of filing: (OPTIONAL
affective date is listed the date must be	pe specific and cannot be more than five business days
0 days after the date of filing.)	to specific and campot be more than are business days
<u>.</u> g .,	
,	_
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	per or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a memb	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Signature of a memb (In accordance with see of this document cons	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)

Page 2 of 2