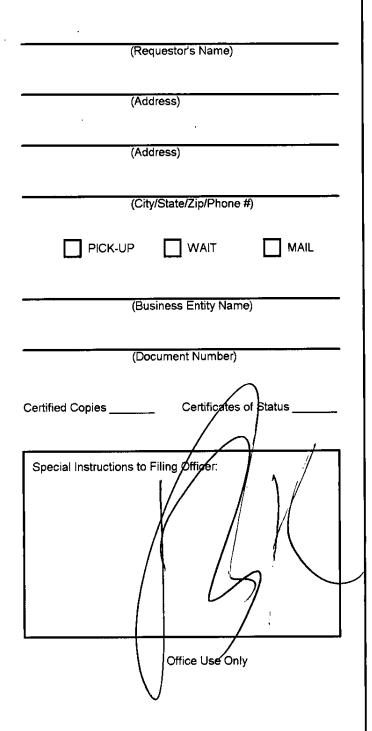
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OFPARTMENT OF STATE

DIVISION OF CORPORATION



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

December 15, 2006

S):

3	LRYILLS Sout	CORPORATION NAME (S) AND DOCUMENT NUMBER (neast Capital Equity Group, LLC
		·
	Filing Evidence	Type of Document
	□ Plain/Confirmation Co	
	⊠ Certified Copy	□ Certificate of Good Standing □ Articles Only
		□ Articles Only
		□ All Charter Documents to Anclude
	Retrieval Request	Articles & Amendments
	□ Photocopy	□ Fictitious Name Certificate
	□ Certified Copy	□ Other
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
<u></u>	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign
	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
ŀ	Reinstatement	Trademark
		Other

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
Southeast Capital Equity G	Froup, LLC
(Must and with the words "Limited Liability Compa	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	Carry of
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16501 Adaja De Avila	16501 Adaja De Avila
	Tampa, Florida 33613

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

Irv Cohen	
	Name
16501 Ada	e De Avile
	Florida street address (P.O. Box NOT acceptable)
Tampa	FL 33613
	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..

Irv Cohen

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	lry Cohen
	16501 Adaja de Avila
	Tampa, FL 33613
·	
(Use anachment if necessary)	
LEV: Effective date, if other than the	
fective date is listed, the date must b	e specific and cannot be more than five business d
dave after the date of filing)	
days after the date of filing.)	
•	
days after the date of filing.) REQUIRED SIGNATURE:	· 7
•	0 M
REQUIRED SIGNATURE:	er or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

Typed or printed name of signce