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(Requestor's Name)						
(Address)						
(Address)						
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PICK-UP WAIT MAIL						
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SECRETARY OF STATE

COVER LETTER

TO:	TO: Registration Section Division of Corporations							
SURJI	ECT: LP4M,	LLC						
(Name of Limited Liability Company)								
The en	closed Articles o	f Organization and fee(s) are so	ubmitted	for filing	g.			
Please	return all corresp	ondence concerning this matte	er to the fo	ollowing	; :			
	Dawn Bies							
		(1	Name of P	erson)				
	Security Tr	ust Company, Inc.						
	(Firm/Company)							
	223 N Pro	spect Street Suite 2	202					
			(Addres	s)				
	Hagerstov	vn, MD 21740						
(City/State and Zip Code)								
For fur	ther information	concerning this matter, please	call:					
Dawn Biesecker			at (301) 665-2830					
(Name of Person)			(Area Code & Daytime Telephone Number)					
Enclos	sed is a check fo	or the following amount:						
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	ed Cop	iling Fee & y 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	R D C 2	egistrati Division Hifton B 661 Exe	ourier Addre ion Section of Corporation duilding ecutive Cente see, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:						
(Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address: The mailing address and street address of the p	ed Company" or their abbreviation "LLC," or "L.C.,") rincipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
1000 S. Pointe Dr. # 1206 Miami Deach, Fl. 33139	1000 S. Pointe Dr. #1206 Miami Broch, FL33139					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cunnot 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: \$\frac{1}{2}\sigma \cdot\$					
Iron Pinto	DC HOOT acceptable)					
Name 1000 S. Pointe Dr. # 1200 Florida street address (P.O. Box NOT acceptable) Whavi Brach Fl. 33137 City, State, and Zip						
liability company at the place designated in registered agent and agree to act in this cupact statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S					
Registered Agent workna	ture (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 Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of flling.) **REQUIRED SIGNATURE:**

Signature of a member of an authorized representative of a member.

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

leon Pinto

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)