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Office Use Only



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08/27/07--01006--009 **125.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: Signature Bre Investment Partners LLC. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gresory J. Banks (Name of Person)	
Signature One Investment Partners LLC. (Firm/Company)	
5811 Halerdale Brach BNd.	
West Park Fl. 33023 (City/State and Zip Code)	
(City/State and Zip Code)	2
For further information concerning this matter, please call: 2005 at (786) 553-9973	ST S
Cresor J. Banks at (786) 553-9973 (Name of Person) (Area Code & Daytime Telephone Number)	だういろ
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\times \text{\$155.00 Filing Fee & }\times \text{\$160.00 Filing Fee, }\text{\$Certificate of Status & }\text{\$Certified Copy & Certificate of Status & }\$Certified Copy & Certified Copy	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Signature Gne Inves (Must end with the words "Limited L	twent Partners LLC. iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5811 Hallendale Blud. West Park Fl. 33023	S811 Hallandale Brach Blod. West Park Fl 33023
	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are: OF AUG 27 AUG 27 AUG 27
5811 Halkuda	le Brach Blud, = BES
West Park	t address (P.O. Box NOT acceptable) FL 33023 ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all be performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
A. *	ignature (REQUIRED)
· / /// · · · · · · · · · · · · · · · ·	Edward D. Elliott Commission #DD244663 Expires: Oct 11, 2007 Bonded Thru Atlantic Bonding Co., Inc.

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gregory Banks I 12768 SW 21 31 MIRAMAC FL. 33027
MGR	LEE WALKER 1780 SW 129 TER MIRAMAR Fl. 33027
	OT AUG 27
(Use attachment if necessary)	27 A 89 19
TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	
Stratus of Aspha	r or an authorized representative of a member.
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury
Grego	ped 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)