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SECRETARY OF STATE
ALLAHASSEF FLOSIE

A. LUNT
FEB 1 5 2008
EXAMINE:



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2008

BENISA LEVIN 1900 NW CORPORATE BLDV. STE 400E BOCA RATON, FL 33431

SUBJECT: UNITED INVESTMENTS LLC

Ref. Number: W08000004563

We have received your document for UNITED INVESTMENTS LLC and your check(s) totaling \$260.00. However, the enclosed document has not be and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 308A00005751

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	nited Investments LLC (Name of Limited Liability Company)	
The enclosed Articles of O	Organization and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Benisa Levin	
	(Name of Person)	
	Benisa Levin, P.A. (Firm/Company)	
	1900 NW Corporate Blud, Ste 400E	
	Boca Raton FL 33431 FG (City/State and Zip Code)	
For further information cor	City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (Area Code & Daytime Telephone Name (Area Code & Daytime Tele	
Benisa L	evin at 501, 988-6850 T	
(Name of	Person) (Area Code & Daytime Telephone Number)	<u> </u>
Enclosed is a check for t	the following amount:	
\$125.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Atlantic Investors United - LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate all individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Benisa Levin, PA Name
1900 NW Corporate Blvd., Sk 400E Florida street address (P.O. Box NOT acceptable) Box 12aton FL 33431 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)

13-

ANTICLE IV- Manager(s) or Managing Member()	anager(s) or Managing Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Vincent Militello III 6078 Glendale Dr. Bocu Paton, FL 33433
	2000 FEB
(Use attachment if necessary)	SEE LE CONTOUR LE CONT
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	nte of filing:

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Beniso Levin, as president of Benisa Levingph - Registered Agent
Typed or 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)