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10 JAN 25 PH 2: 01
SECRETARY OF STATE

D. BRUCE
JAN 2 6 2010
EXAMINER



26500 West Agoura Road | Suite 102-365 | Calabasas, CA 91302

January 15, 2010

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Nehemiah Partners, LLC

To whom it may concern:

The Enclosed Articles of Organization and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$155.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor CorpNetTM, Incorporated 888-449-2638 Ext. 105 aberen@corpnet.com



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp Nehemiah Partners, LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1610 Stockton Drive Sanford, FL 32771	1610 Stockton Drive Sanford, FL 32771
	e Company
1201 Hays Street	Name ASSEE
	street address (P.O. Box NOT acceptable)
Tallahassee	street address (P.O. Box NOT acceptable) FL 32301 State, and Zip
City	y, State, and Zip
liability company at the place designaregistered agent and agree to act in this a statutes relating to the proper and compaccept the obligations of my position amont when the proper agent we have a statuted as a statute of the proper and compact when the place designation are the place designation and the place designation are the place designation and the place designation are to act in this contact the place designation are to act in this contact the place designation are the place designation are the place designation are the place and agree to act in this contact the place are the	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S Jones, Assistant VP

(CONTINUED) Page 1 of 2

Title: "IMGR" = Mana "IMGR'M" = Ma	ager anaging Member	Name and Address:	
MISRM		Roy D. Zimmerman	
		1610 Stockton Drive	
	<u> </u>	Sanford, FL 32771	
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			<u> </u>
(I inn attackers	[.]		}
(118e attachmen	t if necessary)		
		data of Sline	(OPTIONAL)
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