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• (Cit	ty/State/Zip/Phon	e #)
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. PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
•	,	,
(D-	ocument Number)	
(LX	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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S. HAWKES
JUN 1 5 2010
EXAMINER

## **COVER LETTER**

-	on of Co	prporations		
SUBJECT: S	Sivel Pa	rtners LLC		
_			ed Liability Company	
The enclosed A	Articles of	f Organization and fee(s) are	submitted for filing.	
Please return a	ll corresp	ondence concerning this matt	er to the following:	
Richa	rd Levis			
			Name of Person	
Sivel F	Partners	LLC		
			Firm/Company	
200 M	alaga S	treet, Suite 7		
			Address	
St. Au	gustine,	, Florida 32084		
		Cit	y/State and Zip Code	
di.telse	el@gma			
		E-mail address: (to be used t	or future annual report notification)	
For further info	ormation	concerning this matter, please	e call:	
Richard Lev	is		at ( 904 )219 7600	
	Name	of Person	Area Code & Daytime Telepl	none Number
Enclosed is a	check fo	or the following amount:		
<b>⊉\$</b> 125.00 Filii	ng Fee	□\$130.00 Filing Fee & Certificate of Status	1,2	\$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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
The name of the Emmed Elaothey Company is.	
Sivel Partners LLC	10 in
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 Malaga Street , Suite 7	200 Malaga Street
St. Augustine, Florida 32084	St. Augustine, Florida 32084
business entity with an active Florida registration.)  The name and the Florida street address of the r  Davis Levis	egistered agent are:
Name	
200 Malaga Street, Suite	7
	lress (P.O. Box NOT acceptable)
St. Augustine	FL 32084
	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
- Alba-	
Registered Agent's Signat	aure (REQUIRED)
(CONTI	(NHED)
Page 1	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	anaging Member(s): nager or Managing Member is as follows:  Name and Address:  Richard levis
Manager	Richard levis
	144 Woodlands Creek Drive
	Ponte Vedra Beach, Florida 32082
-	
LE V: Effective date, if other than fective date is listed, the date mus	the date of filing: August 1, 2010 . (OPTIONA t be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: August 1, 2010 . (OPTION/ t be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:	the date of filing: August 1, 2010  t be specific and cannot be more than five business day  mber or an authorized representative of a member.
fective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mer	mber or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury

Page 2 of 2

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