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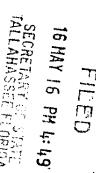
(Red	questor's Name)	
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## **COVER LETTER**

Registration Section

ווע	ision of Corporations		
CUD IFCT.	Southeast International Resources,	LLC	
SUBJECT:	Name of I	Limited Liabilit	y Company
The enclose	d Articles of Organization and fee(s)	are submitted f	for filing.
Please return	all correspondence concerning this	matter to the fo	ollowing:
	Ted E Huneycutt		
		Name of I	Person
	Southeast International Resources, L	LC	
•		Firm/Con	npany
	3197 Jemima Avenue		
-		Addre	ss
	The Villages, FL 32163		
te	edhuneycutt@comcast.net	City/State and	l Zip Code
_	E-mail address: (to be us	sed for future ar	nnual report notification)
For further in	formation concerning this matter, ple	ease call:	
,	Ted Huneycutt	352	561-4589
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	Certifie	O Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	]	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED

The name of the Limited Liability	y Company is:			16 HAY 16	PH 4: 1:0
Southeast Internation	al Resources, LLC			SECRETARY	úr Siaik
(Must end v	with the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	MALLAHASSE	E FLORIDA
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limi	ed Liability Company is:		
Principa	al Office Address:		Mailing Ad	ldress:	
3197 Jemima Ave			197 Jemima Ave		
The Villages, FL 32	163		he Villages, FL 32163		
another business entity with an a The name and the Florida street a	_				
		Name			
	3197 Jemima Ave	(D.O. D. NO.			
	Florida street addres	s (P.O. Box <u>NO</u>	L acceptable)		
	The Villages	FL	32163		
	City	State	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the approvisions of all statutes re	ointment as regis elating to the pro	tered agent and agree to a per and complete perform	act in this capacity. I ance of my duties, and	

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:	16 MAY 16
"MGR" = Manager		SECRETARY
AMBR	Gerald Sinclair Hayman	SECRETARY TALLAHASSE
	329 Lakeshore Drive	
	Leesburg, FL 34748	
AMBR	Ted Eugene Huneycutt	
<del>-</del> -	3197 Jemima Avenue	
	The Villages, FL 32163	
AMBR	Michael Allan Graves	
	PO Box 989	<del></del>
	Tavares, FL 32778	
(Use attachment if necessary)		
ective date is listed, the date must be speci of filing.) the date inserted in this block does not mee	fic and cannot be more than five busing the applicable statutory filing require	ness days prior to or 90
E V: Effective date, if other than the date of ective date is listed, the date must be specinf filing.) the date inserted in this block does not mee ment's effective date on the Department of E VI: Other provisions, if any.	fic and cannot be more than five busing the applicable statutory filing require	ness days prior to or 90
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