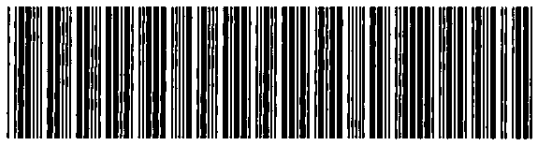


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EXAMINER

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JAN - 5 PH 2: 05

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 57 TREASURY  
(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:

KARIN SUFALLO  
(Name of Person)

57 TREASURY  
(Firm/Company)

144-1 KING STREET  
(Address)

ST. AUGUSTINE, FL 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLYDE TAYLOR at (904) 501 9252  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
For  
57 TREASURY, LLC**

**ARTICLE I.**

NAME: The name of the Limited Liability Company will be 57 Treasury, L.L.C.

**ARTICLE II.**

PRINCIPAL OFFICE: The principal place of business and mailing address of this company will be 144-1 King Street, St. Augustine, FL 32084.

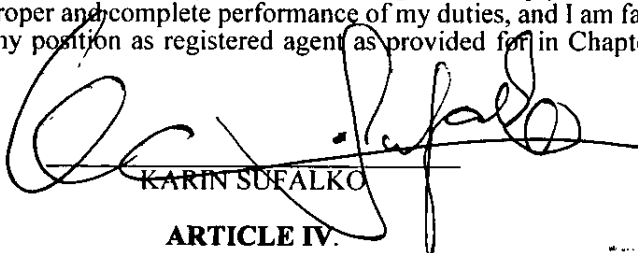
**ARTICLE III.**

REGISTERED AGENT: The name and Florida street address of the registered agent are:

Karin Sufalko  
144-1 King Street  
St. Augustine, FL 32084

**ACKNOWLEDGMENT/CERTIFICATE OF REGISTERED AGENT**

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, Florida Statutes.

  
KARIN SUFALKO

**ARTICLE IV.**

MANAGERS: The names and addresses of the managers of the limited liability company are listed below:

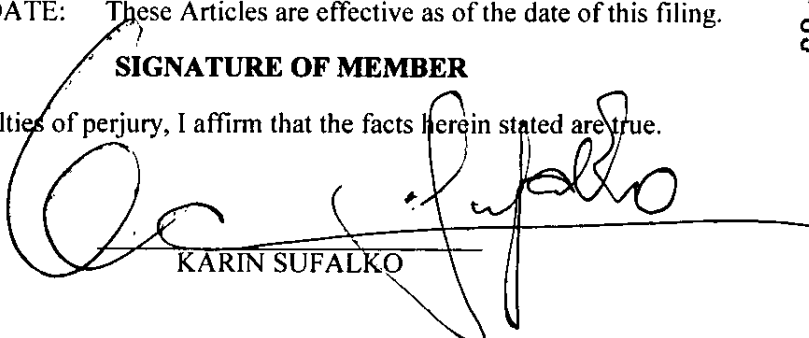
MGR Karin Sufalko  
144-1 King Street  
St. Augustine, FL 32084

**ARTICLE V**

EFFECTIVE DATE: These Articles are effective as of the date of this filing.

**SIGNATURE OF MEMBER**

Under the penalties of perjury, I affirm that the facts herein stated are true.

  
KARIN SUFALKO

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