19542080845 From: Ranae McGraw

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002785753)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number

: (850)617-6381

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone : (954)208-0845

Inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO.

710 S.E. 8th Street, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	egistration Section Ivision of Corporations
SUBJECT	710 S.E. 8th Street, LLC
SUDJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Mayer E. Guttman
	Name of Person
	Levin & Gann, P.A.
	Firm/Company
	502 Washington Avenue, 8th Floor
	Address
	Towson, Maryland 21204
	City/State and Zip Code fmarcus@levingamn.com
-	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Mayer E. Guttman 410 321-0600 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing Address Street Address

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

New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:		
he name of the Limited Liability Company is:		
710 S.E. 8th Street, LLC		
(Must end with the words "Limited"	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:		
he mailing address and street address of the principal of	fice of the Limited !	Liability Company is:
Principal Office Address:		Mailing Address:
715 S.E. 10th Street		S.E. 10th Street
Delray Beach, Florida 33483	Delra	ly Beach, Florida 33483
The Limited Liability Company cannot serve as its own I nother business entity with an active Florida registration the name and the Florida street address of the registered. Marcia L. Castleman	L)	-
<u></u>	Name	
715 S.E. 10th Street		
Florida street address	(P.O. Box NOT ac	ceptable)
Delray Beach	Florida	33483
Delray Beach	Florida	33483

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager MGR	Marcia L. Castleman
17030	715 S.E. 10th Street
	Delray Beach, Florida 33483
MOR :	Howard L. Castleman
•	715 S.E. 10th Street
	Delray Beach, Florida 33483

(Use attachment if necessary)	
	of filing: November 7, 2016 (OPTIONAL)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marcia L. Castleman

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)

Page 2 of 2

SECRETARY OF STATE