L03000034772

(Red	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
PICK-UP	TIAW [MAIL
(Bus	iness Entity Nam	(e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600022632956

09/11/03-01045--008 **125.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: 737 NORTON ST. LLC (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: MICHAEL A OR MARY DEBOKNH IMPARATO (Name of Person)
(Firm/Company)
675 PENFICID ST. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
MARY DEBORALI IN PHRIDA (311) 383-8710 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	737NORTONST. LCC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
675 PENFIELD ST.	LONGBONT KEYIFI
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
City, State, and Zip	Tec Paris Territory Traceptable) Ty237
Having been named as registered agent and to accept see liability company at the place designated in this certifical registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent Registered Agent's Signate	te, I hereby accept the appointment as her agree to comply with the provisions of all e of my duties, and I am familiar with and as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MAPUDEBOKNII Imprivation (475 fenteed) 57 MORE MORE

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARY DEBIRAH IMPARTO

MICHAEL A. Imparento

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)