

W05000006598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

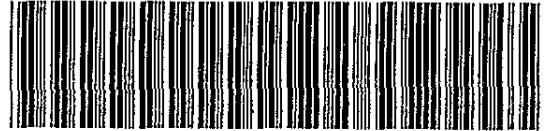
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

W05-6598
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Residential Title
Escrow Services, Inc.

www.res-title.com December 21, 2004

ADMINISTRATIVE OFFICE:

51 Jefferson Boulevard
Warwick, RI 02888
(401) 461-9084 TEL
(401) 461-9087 FAX

138 River Road
Andover, MA 01810
(978) 688-2007 TEL
(978) 688-2008 FAX

25 Braintree Hill Office Park
Suite 402
Braintree, MA 02184
(781) 843-2262 TEL
(781) 843-2099 FAX

10 North Main Street
4th Floor
Fall River, MA 02720
(508) 674-1355 TEL
(508) 674-1292 FAX

800 South Main Street
Mansfield, MA 02048
(508) 337-3363 TEL
(508) 337-3366 FAX

449 Route 130
Suite B
Sandwich, MA 02563
(508) 833-9936 TEL
(508) 833-9548 FAX

112 Turnpike Road
Westboro, MA 01581
(508) 389-9333 TEL
(508) 389-9444 FAX

181 Park Avenue
West Springfield, MA 01089
(413) 214-7800 TEL
(413) 214-7339 FAX

Building #301
Merritt 7 Corporate Park
Norwalk, CT 06851
(203) 840-0090 TEL
(203) 840-0095 FAX

100 Great Meadow Road
Suite 504
Wethersfield, CT 06109
(860) 563-4240 TEL
(860) 563-5054 FAX

51 Jefferson Boulevard
Warwick, RI 02888
(401) 941-1400 TEL
(401) 941-9500 FAX

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

Re: Incorporation of 717 Associates, LLC

Dear Sir or Madam;

Enclosed for filing herewith please find the Articles of Organization for a Limited Liability Company along with the requisite filing fee of One Hundred Twenty Five and 00/100 (\$125.00) Dollars.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Karen Medeiros, Esq.
Enclosures

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 717 ASSOCIATES, 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:

JOSEPH M. SEPE
(Name of Person)

(Firm/Company)

11 VALIANT DRIVE
(Address)

COVENTRY, RHODE ISLAND 02816
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN MEDEIROS, ESQ. at (401) 941-1400
(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)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

717 ASSOCIATES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

JOSEPH M. SEPE
GEORGE SEPE

Mailing Address:

11 VALIANT DR. COVENTRY, RI 02816
45 KAKEWELL DRIVE CRANSTON, RI 0292

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

STEVE BAILEY

Name

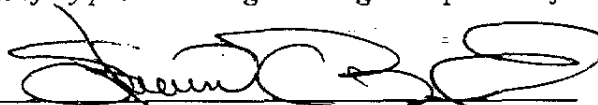
5261 SABLE TRACE DRIVE

Florida street address (P.O. Box **NOT** acceptable)

NORTH PORT, FL 34287-3173 FL

City, State, and Zip

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, F.S..



Registered Agent's Signature

(CONTINUED)

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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

Name and Address:

MGRM

JOSEPH M. SEPE

11 VALIANT DRIVE

COVENTRY, RI 02816

MGRM

GEORGE SEPE

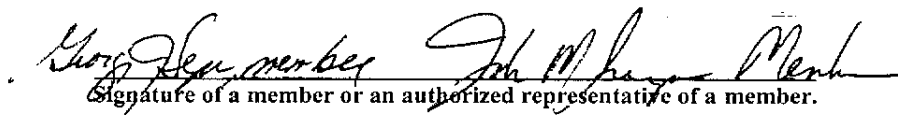
45 BAKEWELL DRIVE

CRANSTON, RI

(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.)

George Sepe Joseph M. Sepe
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)

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