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COVER LETTER

Division of Co			
_{SUBJECT:} 720 In	vestments LLC		
		d Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.			TAL TAL
Please return all correspondence concerning this matter to the following:		05 OCT	
Peter j.Ac			ASSET ASSET
	(1	Name of Person)	E FL
	(Firm/Company)	ORDER S
PO Box	4567	1	•
		(Address)	
Fort Lau	derdale, FL 333		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	cail:	
Peter J.Addiso	n	at (954) 525-123	37
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
700 Investments I I C	
720 Investments LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L,C.,")
ARTICLE II - Address:	ASE OS
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: 0 ω ε
828 NE 17th Way-Unit #3	PO Box 4567
Fort Lauderdale, FL 33304	PO Box 4567 Fort Lauderdale, FL 33338
	PATE OF
	D
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Peter J.Addison	
Name	
828 NE 17th Way - Unit	#3
	ress (P.O. Box NOT acceptable)
Fort Lauderdale	Ft 33304
City, State, a	
City, State, a	no sip
Having been named as registered agent and to a	accept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana; "MGRM" = Mar		Name and Address:	
MGRM		Peter J.Addison	
		828 NE 17th Way-Unit #3	
		Fort Lauderdale, FL 33338	
	<u>_</u>		<u></u>
		72	SERVE !
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(Use attachment	* '	e date of filing:	TIONA
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LE V: Effective fective date is li- days after the d	date, if other than the sted, the date must blate of filing.)	e specific and cannot be more than five busing	TIONA ess day
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LE V: Effective	date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a memb	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	TIONA ess day
LE V: Effective fective date is lid days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a memb (In accordance with se of this document consthat the facts stated Peter J.Addison	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	TIONA ess day