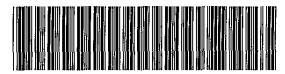
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(Re	questor's Name)	
(Ad	dress)	
<u> </u>	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
ν	omogo Emary (ta	,
(Do	cument Number)
,		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

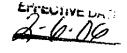


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DIVISION OF CLAPORATION

2006 FER -3 AM IO. O.





COVER LETTER

TO: Registration Se Division of Co			- :	
SUBJECT:	St. Mark,	777, LLC d Liability Company)		
	(Name of Linne	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	·	
Please return all corresp	ondence concerning this matte	er to the following:		
John M. I	acoi, Esquire			
	(Name of Person)		
The Ist O	ffice of John M. Iac	od & Accordates	2001	
THE DAW O		Firm/Company)	<u> </u>	2
Lewis Wha	rf Bay 228		2006 FEB -3	
		(Address)		:
<u>.</u> .			AM 10: 02	1135
Boston, M		/State and Zip Code)	2	5
		*,		
For further information	concerning this matter, please	call:		
John M. I	acoi, Esquire	at () 723–377	77	
(Name	of Person)	(Area Code & Daytime Tel	ephone 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	s -	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		k, 777, LLC	
(Must end with the words	"Limited Liability Comp	vany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Add	dress:		
The mailing address	s and street address	of the principal office of the Limited Liability Compar	ny is:
Principal Office Ac	ddress:	Mailing Address:	
425 South Olive	Avenue	Lewis Wharf Bay 228	
West Palm Beach	. FL 33401	Boston. MA 02110	0
			SS
business entity with an ac	ctive Florida registration. lorida street addres	s own Registered Agent. You must designate an individual or another Solor Solo	STANGERSON AND A SECOND
		<u> </u>	
-		Name	-
		Name	*
-	425 Sou	Name	* -
- -	425 Sou Florid West Pa1m	Name Ath Olive Avenue a street address (P.O. Box <u>NOT</u> acceptable) Beach FL 33401	*
	425 Sou Florid West Pa1m	Name Ith Olive Avenue a street address (P.O. Box <u>NOT</u> acceptable)	*

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

2-10-00

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR"	John M. Iacoi. Esquire
	Lewis Wharf Bay 228
	Boston MA 02110
	
	2006 FEB
	EB F
	<u> </u>
	AH 10: 02
(Use attachment if necessary)	9
LE V: Effective date, if other than t	he date of filing: February 6, 2006 . (OPTION
	be specific and cannot be more than five business da
days after the date of filing.)	

(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.)

> John M. Iacoi 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)