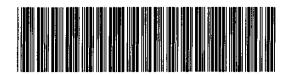
## L07000112446

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/State/Zip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
DB				

Office Use Only

EFFECTIVE DATE 10-1-07



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SECRETARY OF STATE

070CT-8 AHII: 2

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations			
SUBJECT:	STT Condo F	Properties, LLC		
	(Name of Limited	Liability Company)		
The enclosed Articles	of Organization and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Brian M.	Silverio, Esq.		
	(N	ame of Person)		<del></del>
	Silverio	& Hall, P.A.		
	(F	irm/Company)	TA	2 0
	150 West Flagler	Street Penthouse	2850 <u>}</u>	7 001
		(Address)	ASS ASS	8
	Miami, F	lorida 33130	ij.	i i
		tate and Zip Code)		# II: 2
			A TA	``\ <u>`</u>
For further information	n concerning this matter, please ca	ıll:	, <b>D</b>	133
Brian M	I. Silverio	, 305 371-27	56	
(Nam	e of Person)	(Area Code & Daytime Tele	ephone Number)	
Enclosed is a check t	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 Statu Certified Copy (additional copy is enc	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
STT Condo Pi	roperties, LLC				
STT Condo Properties, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited L	iability Company is:			
Principal Office Address:	Mailing Address:				
4550 N. Michigan Avenue Miami Beach, Florida 33140	4550 N. Michigan Avenue Miami Beach, Florida 33140				
150 West Falgle Florida stree  Miami	the registered agent are:  ilverio, Esq. ame  er Street PH 2850  address (P.O. Box NOT acceptable)  FL 33130  ate, and Zip  It to accept service of process for the lin this certificate, I hereby accept to acity. I further agree to comply with the performance of my duties, and I acidy.	above stated limited the appointment as the provisions of all m familiar with and			
Registered Agent's S	gnature (REQUIRED)				

(CONTINUED) Page 1 of 2

EFFECTIVE DATE 10-1-07

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Kathya Masis - MGR	4550 N. Michigan Avenue
<del></del>	Miami Beach, Florida 33140
***************************************	**************************************
4-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
(Use attachment if necessary)	
TICLE V: Effective date, if other than th	ne date of filing: OCTOBER 1 2007. (OPTIONAL) be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	O7. SEC TALL
$\sim$	AHASSAI AN ARETAI
Signature of a ment	ber or an authorized representative of a member.
(In accordance with s	per or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)