

LD9000066576

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

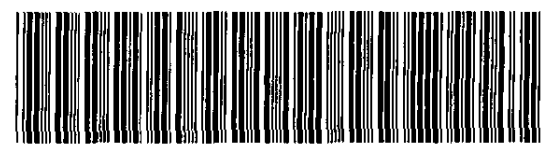
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

JUL 10 2009

**EXAMINER**



000157069300

07/09/09--01052--002 \*\*620.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL -9 AM 7:26

**STEVEN A. SCIARRETTA, P.A.**

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA<sup>1</sup>  
LL.M. IN TAXATION

THE HAMILTON BUILDING  
2799 NW Boca Raton Boulevard, Suite 203  
Boca Raton, Florida 33431  
TELEPHONE: (561) 368-7978  
TOLL FREE: (800) 545-8454  
TELEFAX: (561) 368-8502

Asset Protection  
Business and Taxation Planning  
Probate Administration  
Trusts and Estate Planning

VIA 2<sup>nd</sup> DAY UPS

July 7, 2009

State of Florida  
Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: 824 Partners LLC's

Dear Sir/Madam:

Please find enclosed for filing in duplicate Original, Articles of Organization, for each of four (4) Limited Liability Companies.

Also enclosed is our check for \$620.00, made payable to the Florida Department of State, which represents the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee and \$30.00 Certified Copy fee for each entity.

Please return the completed paperwork to me utilizing the enclosed Pre-paid UPS envelope.

Thank you for your prompt cooperation.

Sincerely,

STEVEN A. SCIARRETTA, P.A.



Steven A. Sciarretta

SAS/dc

Enclosures

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company ("Company") is: 824-1 Partners LLC

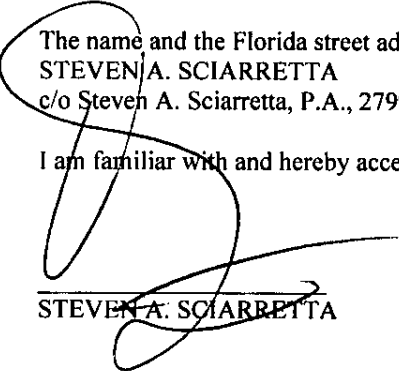
**ARTICLE II – PRINCIPAL ADDRESS**

The mailing address and street address of the principal place of business of the Company is:  
c/o Steven A. Sciarretta, Esquire, 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

**ARTICLE III – REGISTERED AGENT**

The name and the Florida street address of the Registered Agent are:  
STEVEN A. SCIARRETTA  
c/o Steven A. Sciarretta, P.A., 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431.

I am familiar with and hereby accept the obligations to act as Registered Agent.

  
\_\_\_\_\_  
STEVEN A. SCIARRETTA

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who are to serve as manager(s) is/are:

Steven Sciarretta, esquire  
2799 NW Boca Raton Blvd., Suite 203  
Boca Raton, FL 33431

  
\_\_\_\_\_  
STEVEN A. SCIARRETTA, ESQUIRE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL -9 AM 7:26