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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_

Special Instructions to Filing Officer:

A. LUNT

JAN -8 2010

EXAMINER

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> 2010 JAN -7 PM 2: 2 SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C			
SUBJE	·CT·	721 NE	10 St, Triplex, LLC	
JUDGE		Name of Limite	d Liability Company	
The end	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
			hony Handley	
			Name of Person	
			10 ST,Triplex,LLC	
			Firm/Company	
		3301 S. Oce	ean Drive , Suite#1507	FO P
			Address	RY SSE
		Holly	wood, FL 33019	
•		City	/State and Zip Code	ORI ORI
	<u> </u>	tone	eiac@msn.com or future annual report notification)	Dm 2
Por fur	ther information	concerning this matter, please	•	
		ony Handley		0-3940
	Name	e of Person	Area Code & Daytime Teleph	one Number
Enclos	sed is a check	for the following amount:		
_		S130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Company is:		
	721 NE 10 St, T		
•	Must end with the words "Limited Liabi	ity Company,""L.L.C.," or "LLC.")	
ARTICLE II The mailing add	Address: ress and street address of the pr	rincipal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
ARTICLE III - (The Limited Liability	Registered Agent, Registered Company cannot serve as its own Regis	3/6/ S. Ocean Drive # Hollywood, FL 33019 d Office, & Registered Agestered Agestered Agent. You must designate an in	nt's Signature:
	an active Florida registration.) e Florida street address of the 1	registered agent are:	ndividual or another 2010 JAN - 7
	Anthony I	landley	ARY SSE
	Name		
	ろん S. Ocean	Drive # 1507	ED PH 2: 24 PF STATE FLORID,
	Florida street address (P.O	. Box NOT acceptable)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Hollywood,FL 33019	FL	n. s
	City, State, a	and Zip	
Having heen ne	amed as registered agent and to	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

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

The name and address of each Manager or Managing Member is as follows:

"NACED" — NACHOO		Name and Address:	
"MGR" = Manag			
"MGRM" = Man	aging Member		
MGRM		Anthony Handley	ALI SEC
		3101 S Ocean Drive # 1507	23
		Hollywood, FL 33019	25
			15.50 1.50 1.50 1.50 1.50 1.50 1.50 1.50
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LE V: Effective	date, if other than the	date of filing:January, 4, 2010	(OPTION
LE V: Effective ffective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE: Atherose	e specific and cannot be more than five b	usiness d
(Use attachment LE V: Effective ffective date is list days after the date EQUIRED SIG	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member	e specific and cannot be more than five b	usiness d
LE V: Effective fective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member.	usiness d
LE V: Effective fective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitution	r or an authorized representative of a member. stion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	usiness d
LE V: Effective fective date is lis days after the da	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated here	r or an authorized representative of a member.	usiness d

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)