

10000055031

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
MAY 21 2010
1 ' "" ⁽⁴⁾ 4 ± 7010

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EXAMINER



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65/19/10 - 01009 - 026 **130.00

10 MAY 19 PM 1: 26 SECRETARY OF STATE TALL AND SSEE FINDING

COVER LETTER

TO:	Registration Division of C			
SUBJ	ECT: 717 Eur	ro Investments LLC		
		Name of Limit	ted Liability Company	
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	Martin Teppe	er		
			Name of Person	
	717 Euro Inv	estments LLC		
			Firm/Company	
	PO Box 4801	89		
			Address	
	Delray Beach	n, FL 33448		
			ty/State and Zip Code	•
	housingfl@co		for future annual report notification)	
For fu	ther information	concerning this matter, pleas	·	
Marti	n Tepper		at (_561)637 1708	
	Name	of Person	Area Code & Daytime Telep	phone Number
Enclos	sed is a check f	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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLE I - Name:			
The name of the Limited	Liability	Company	is:

717 Euro Investments LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
16282 Andalucia Lane	PO Box 480189
Delray Beach, FL33446	Delray Beach, FL 33448

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Martin Tepper	
	Name
16282 Andaluci	a Lane
Flor	ida street address (P.O. Box <u>NOT</u> acceptable)
Delray Beach,	FL 33446
	City, State, and Zip

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

10 MAY 19 PH 1: 26
SECRETARY OF STATE

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

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

"MGR" = Mana	iger	Name and Address:
	naging Member	
MGR		Martin Tepper
		P O Box 480189 Delray Beach, FL 33448
		Cellay Beach, 1 E 35740
-		
		
•		
		
(Use attachment	t if necessary)	
(- 20	,	
LE V: Effective	date, if other than th	e date of filing: (OPTION.
fective date is li	sted, the date must l	be specific and cannot be more than five business da
J	late of filing.)	
days after the d		
days after the d		
·	CNATURE:	
·	IGNATURE:	1111
aays after the d	IGNATURE:	White and
·		oer or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Martin Tepper

Typed or printed name of signee