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To:

Division of Corporations

Fax Number : (850)617-6383

Erom: '

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. 720 ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

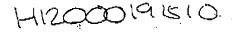
Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

720 ASSOCIATES 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:
828 NE 17TH WAY, #3	SAME
FORT LAUDERDALE, FL 33304	

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:

C. MULLIN ADDISON
Name
828 NE 17TH WAY, #3
Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDALE, FL 33304
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..

Signature of Registered Agent

(CONTINUED)

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FILED

12 JUL 26 PH 5: 31

SECRETARY OF STATE

ALLAHASSEF FI DBIG.

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CRISTINA MULLIN ADDISON
	828 NE 17TH WAY, #3
	FORT LAUDERDALE, FL 33304
MGR	RICHARD GOOD
	828 NE 17TH WAY, #3
	FORT LAUDERDALE, FL 33304
(Use attachment if necessary)	
LE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.)	an the date of filing: (OPTIONAl tust be specific and cannot be more than five business day
REQUIRED SIGNATURE:	

C. MULLIN ADDISON

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

(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. I am aware that any false information submitted in a document to the Department of State

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)

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