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FILED
2013 APR 12 AM 11 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALTMAN 75 COREY, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERYL ALTMAN

Name of Person

Firm/Company

4 TREASURE LANE

Address

TREASURE ISLAND, FL 33706

City/State and Zip Code

CHERYLSELLS@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL ALTMAN at (727) 424-6945

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ $125.00 Filing Fee   ■ $130.00 Filing Fee &   □ $155.00 Filing Fee &   □ $160.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                         (additional copy is enclosed)   Certified Copy
                                                                                      (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ALTMAN 75 COREY, 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:

4 TREASURE LANE

TREASURE ISLAND, FL 33706

Mailing Address:

4 TREASURE LANE

TREASURE ISLAND, FL 33706

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:

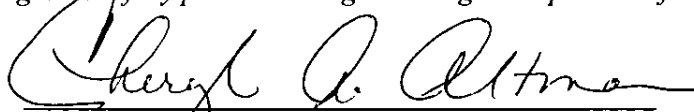CHERYL ALTMAN

Name

4 TREASURE LANE

Florida street address (P.O. Box **NOT** acceptable)

TREASURE ISLAND   FL   33706

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

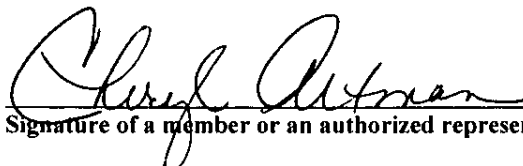|	
MGRM	Cheryl Altman
	4 Treasure Lane
	Treasure Island, FL 33706
MGRM	Linda Swanson
	7080 South Shore Dr. S.
	St. Petersburg, FL 33707
MGRM	Charles R. Altman
	343 - 79th Street So.
	St. Petersburg, FL 33707
MGRM	John Altman
	7934 - 11th Avenue South
	St. Petersburg, FL 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

Cheryl Altman
Typed or printed name of signee

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)**