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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MICHAEL A. LAMPERT, P.A.

Account Number : 120200000124 Phone : (561)689-9407

Fax Number : (561)909-2107

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

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## FLORIDA LIMITED LIABILITY CO. 714 SOUTH EAST COAST STREET LLC

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Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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Help

,From: Lise Coates

Fax: 15619092107

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## COVER LETTER

	New Filing Se Division of Co					
SUBJEC	∽r. 714 S	OUTH EAST COAST :	STREET LLC			
000010		Name of	Limited Liabil	ity Company	·············	
The encio	osed Articles o	f Organization and fee(s	s) are submitted	for filing.		
Please ret	turn all corresp	ondence concerning thi	s matter to the f	ollowing:		
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		E-mail address: (to be u	sed for future a	nnual report notificat	ion)	C
For further	information co	ncerning this matter, pl	ease call:			
	MICHAE	L A. LAMPERT at	( 561	) 689-9407		
	Nam	ne of Person	Area Code	Daytime Telephon	e Number	
Enclosed	is a check for t	he following amount:				
□\$125.0	0 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certific	i.00 Filing Fee & ed Copy el copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos	<b>e</b> d)
		ng Address iling Section		Street Address New Filing Section Di	ivision	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	ility Company is:				
71	4 SOUTH EAST COAST STI	REET LLC			
(Must co.	ntain the words "Limited Liab	ility Compar	y, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street	address of the principal office	of the Limit	ed Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
	750 EAST COAST STREET SOUTH  LAKE WORTH, FL 33460		750 EAST COAST STREET SOUTH LAKE WORTH, FL 33460		
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	iy cannot serve as its own Reg	egistered Ap istered Agen	gent's Signature: t. You must designate an individue	ıl or	
The name and the Florida stree	t address of the registered age	nt are:			
	MICHAEL A	. LAMPER	<u>r</u>		
	Na	me			
	1655 PALM BEAG	TH LAKES	BLVD., SUITE 900		
	Florida street address (P.	O. Box <u>NOT</u>	acceptable)		
	WEST PALM BEACH	FL	33401	- "	
	City	State	Zip	73 73	
place designated in this certificate further agree to comply with the p	e, I hereby accept the appointmoversions of all statutes relating bligations of my position as ref	nent as regist g to the prop gistered ager	the above stated-limited liability concret agent and agree to act in this cert and complete performance of my tas provided for in Chapter 605, F	capacity 1 X duties, and 1	TEME
	(Co	ONTINUED	)		

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"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	JOSEPH MAINIERO 750 EAST COAST STREET SOUTH LAKE WORTH, FL 33460	
MGR	MARK MAINIERO, AS TRUSTEE 750 EAST COAST STREET SOUTH LAKE WORTH, FL 33460	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the dat [If an effective date is listed, the date must be spite date of filing.)	pecific and cannot be more than five business days prior to 07,90	<u>ا</u>
Note: If the date inserted in this block does not		be listed as
Note: If the date inserted in this block does not the document's effective date on the Department		be fisted as
Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.		= !
Note: If the date inserted in this block does not the document's effective date on the Department		11. AH 8.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)