L02000033798

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
,		
(Document Number)	_	
(Social Nation)		
Contillad Conice Contillador of Chabra		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	İ	
	ŀ	

Office Use Only



900009394559

12.16/02--01051--018 **125.00

(0) -33798

LAW OFFICES

MAYER E. GUTTMAN mguttman@LevinGann.com

DIRECT DIAL 410-321-4648

LEVIN & GANN

A PROFESSIONAL ASSOCIATION

NOTTINGHAM CENTRE 502 WASHINGTON AVENUE 8th Floor TOWSON, MARYLAND 21204 410-321-0600 TELEFAX 410-339-5760

December 13, 2002

ELLIS LEVIN (1893-1960)

VIA FEDERAL EXPRESS

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Sapphire 147, LLC

Dear Sir/Madam:

I enclose Articles of Organization for filing relative to the above-referenced entity.

Also enclosed is this firm's check in the amount of \$125 for the filing fees.

Should you have any questions regarding the enclosed, please advise.

_Sincerely,

Mayer E. Guttman

MEG/vw

Enclosures as indicated

G:\Clients\Newsome Entities (12770)\Letters\FL Div. of Corp.wpd

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Sapphire 147, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6893 Mill Run Circle, Naples, Florida 34109

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name		
6893 Mill Run Circle		
(P.O. Box NOT acceptable)		
_{FL} 34109		

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, ES

Dominic Novello fo/,
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

Mayer E. Guttman

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)