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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 855763 4301771

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : August 19, 2004

ORDER TIME : 8:31 AM

ORDER NO. : 855763-005

CUSTOMER NO: 4301771

CUSTOMER: Brooke Speigel
Paul Weiss Rifkind Wharton &
Garrison LLP
23rd Floor
1285 Avenue Of The Americas
New York, NY 10019-6064

DOMESTIC FILING

NAME: SAFO, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

AUG. 19. 2004 4:28PM

NNO. 5149 PP. 2/3

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SARO, LLC

ARTICLE II - Address:

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

Principal Office Address:

Bayshore Executive Plaza
10800 Biscayne Boulevard
Suite 950

Miami, Florida 33161

Mailing Address:

c/o Efrat Peled
Bayshore Executive Plaza
10800 Biscayne Boulevard
Suite 950

Miami, Florida 33161

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FLORIDA 32301

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, Florida Statutes..

Michael Calabrese

Registered Agent's Signature

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

MGRM

Name and Address:

JMD Delaware, Inc., as Trustee of The
Ted Arison 1996 Irrevocable Delaware
Trust for Shari
1201 North Market Street, 18th Floor
Wilmington, Delaware 19801-1347

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

John J. O'Neil

Typed or printed name of signer

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)