

Division of Corporations

LOG 000004401

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000009469 3)))



H090000094693ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3086

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sabertooth Technology Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
09 JAN 14 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 JAN 14 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

EXAMINER

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H09000009469

ARTICLE I - Name

The name of the Limited Liability Company is: **Sabertooth Technology Group 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:

5944 Coral Ridge Dr. #215

5944 Coral Ridge Dr. #215

Coral Springs, FL 33076

Coral Springs, FL 33076

09 JAN 14 AM 8:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Geoffrey M. Wayne

Name

2929 SW 3rd Avenue #330

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33129

(City / State / 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.

Geoffrey M. Wayne
Registered Agent's Signature - Geoffrey M. Wayne

H09000009469

ARTICLE IV - Manager(s) or Managing Member(s):

H09000009469

The name and address of each Manager or Managing Member is as follows:

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

Name and Address:

MGRM

Geeta Lalchandani - 5944 Coral Ridge Dr. #215, Coral Springs, FL 33076

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Geeta Lalchandani

Typed or printed name of signee

09 JAN 14 AM 8:21
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H09000009469