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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number : I20080000023

Phone : (651)225-9500

Fax Number

: (651)225-9579

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

FLORIDA LIMITED LIABILITY CO.

Saber Corner, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. CLINE

AUG 25 2011

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Corporate Filing Menu

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EXAMINER

8/24/2011

AUG.	24.	2011	8:53AM

RAT	CORPORATE	SERVICES	INC
IKMI	CONTONALL	SEKTIOLO	114

—NO.	7339	 -Р.	2	

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Saber Corner, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
20900 NE 30th Avenue	80 Business Park Drive	
Sulte 812	Suite 100	
Aventura, FL 33180	Armonk, NY 10504	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own is business entity with an active Florida registration.)	Registered Agent. You must designare an individu	
The name and the Florida street address of the registered agent are:		
NRAI Services, Inc.	<u></u>	82 F
Name		
515 East Park Avenue		© ₹ ₩
	t address (P.O. Box NOT acceptable)	
Tallahassee	pl 32301	<u> </u>
City	y, 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..

NRAI Services, Inc.

Registered Agent's Signature (REQUIRED)

Jackie Bernu, Assistant Secretary

(CONTINUED)

Page 1 of 2

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

MGRM	Martin Berger	_
	80 Business Park Drive, Suite 100	-
	Amonk, NY 10504	-
MGRM	Michael Klinger	_
	20800 NE 30th Avenue, Suite 812	_
	Aventura, FL 33180	₽
		_
		- -
		-20 B
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		AND
		-35 P
(Use attachment if necessary)		1771-C 4
		- Ten - 1
LEV: Effective date, if other to	han the date of filing: (OPTIC	DNAL)
days after the date of filing.)	must be specific and cannot be more than five business	
my mile the throw of miles	•	The Com

(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.)

Martin Berger

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)

Page 2 of 2