

AUG. 24. 2011 8:53AM

NRAI CORPORATE SERVICES, INC

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**LI 000097403**

Florida Department of State  
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To: Division of Corporations  
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From: Account Name : NRAI CORPORATE SERVICES, INC.  
Account Number : I20080000023  
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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

EXAMINER

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Saber Corner, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:**

20900 NE 30th Avenue  
Suite 812  
Aventura, FL 33180

80 Business Park Drive  
Suite 100  
Armonk, NY 10504

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NRAI Services, Inc.  
Name

515 East Park Avenue  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301  
City, State, and Zip

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*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.

By:   
Registered Agent's Signature (REQUIRED)  
Jackie Bernu, Assistant Secretary

(CONTINUED)

