

L020 00027208

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.

((H02000212413 7)))

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) 205-0383

From: Account Name : SHAPIRO & ADAMS, P.A.  
Account Number : 119990000101  
Phone : (561) 691-0059  
Fax Number : (561) 691-0066

LIMITED LIABILITY COMPANY

1 Sabal Island, LLC

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

RECEIVED

02 OCT 15 PM 12:55

DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT 15 PM 3:17

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

485-02

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

**ARTICLE I. Name:**

The name of the Limited Liability Company is: **1 Sabal Island, LLC**

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**c/o Robert Lee Shapiro, P.A., 2401 PGA Boulevard, Suite 272, Palm Beach Gardens, Florida  
33410**

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

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

**ROBERT LEE SHAPIRO, P.A.  
2401 PGA Boulevard, Suite 272  
Palm Beach Gardens, Florida 33410**

*PA00000786413*

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.*

  
\_\_\_\_\_  
Registered Agent's Signature

**Article IV. Management (Check if applicable.)**

\_\_\_\_ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(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.)

**ROBERT LEE SHAPIRO, Authorized Representative**

Typed or printed name of signer

02 OCT 15 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED