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ROBERT M. PALMER, P.A.
SUITE 211
1200 NORTH FEDERAL HIGHWAY
BOCA RATON, FLORIDA 33432

OF COUNSEL
ELK, BANKIER, PALMER & CHRISTU

TELEPHONE (561) 750-0700
FAX (561) 750-0302

August 14, 2000

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***155.00 ***155.00

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: SAVANNA LEAF, L.L.C.

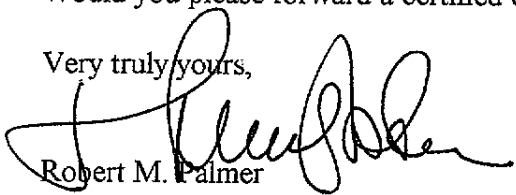
Gentlemen:

L-10189

Enclosed is an original and copy of Articles of Organization for filing the above limited liability company together with designation of registered agent. Also enclosed is my trust account check in the sum of \$155.00.

Would you please forward a certified copy to the undersigned upon filing.

Very truly yours,


Robert M. Palmer

RMP/mpp
enclosure

cc: Savanna Leaf, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION

of

SAVANNA LEAF, L.L.C.

The undersigned, for purposes of organizing a limited liability company in accordance with the Florida Limited Liability Company Act, do hereby state the following:

1. NAME. The name of the limited liability company shall be Savanna Leaf, L.L.C.
2. DURATION. The period of the Company's duration is perpetual from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members, unless extended by its members, or as provided by statute.
3. PURPOSE. The purpose for which the Company has been formed is to engage in any lawful act, activity or business not contrary to and for which a limited liability company may be formed under the laws of the State of Florida, and to have and exercise all powers, rights, and privileges conferred by the laws of Florida on limited liability companies, including but not limited to the performance of services, buying, leasing or otherwise acquiring and holding, using or enjoying and selling, leasing or otherwise disposing of any interest in any property, real or personal, tangible or intangible, of whatever nature and wheresoever situated, and buying, selling and holding stocks, bonds, or any other security of any issuer as the Company may, at that time and from time to time, deem advisable.
4. OFFICE. The mailing address and street address, in the State of Florida where the principal office of the Company is to be located, is:

1200 North Federal Highway, #211
Boca Raton, FL 33432
5. MANAGEMENT. The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

Jack Africk
1200 North Federal Highway, #211
Boca Raton, FL 33432

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TALLAHASSEE FLORIDA

6. ADMISSION OF ADDITIONAL MEMBERS. The Company has one (1) or more members. Additional members may be admitted only on the terms that are unanimously agreed to by all members in the Operating Agreement.

Jack Africk

7. CONTINUITY. The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.


JACK AFRICK

ORIGINAL APPOINTMENT OF AGENT

The undersigned, being the member of Savanna Leaf, L.L.C., a limited liability company organized under the laws of the State of Florida, hereby appoint Jack Africk, a natural person who is a resident of this State, as registered agent upon whom any process, notice or demand required or permitted by statute to be served upon the Company may be served. His complete address is Jack Africk, 1200 North Federal Highway, Suite 211, Boca Raton, Florida 33432.

ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory registered agent for Savanna Leaf, L.L.C., hereby acknowledges and accepts the appointment of registered agent, and is familiar with and accepts the obligations of the position of Registered Agent for the limited liability company.


JACK AFRICK

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IN WITNESS WHEREOF, I have hereunto subscribed my name to this Certificate of Formation on this 14 day of August, 2000.


JACK AFRICK

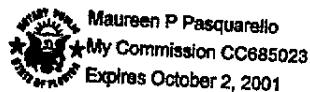
STATE OF FLORIDA)
COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared JACK AFRICK, who ☒ is personally known to me, or ☐ has produced _____ as identification, and who executed the foregoing instrument and acknowledged before me that they executed the same.

DATED this 14 day of August, 2000

SEAL


Notary Public
My Commission Expires:



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TALLAHASSEE FLORIDA