

LD1000013283

Character Number Only

8-8-01

Requestor's Name Humberto Ocariz
Address 999 Ponce De Leon Blvd.
#1045 Coral Gables, FL 33134
City State ZIP Phone

8288A

VALIDATION ONLY

500004526775-9
-08/09/01-01016-009
****155.00 ****155.00

CORPORATION(S) NAME

SAGA, LLC

RECEIVED
01 AUG -9 AM 9:54
DIVISION OF CORPORATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <u>LLC</u> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

01 AUG -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

APPROPRIATE
AND
FILED

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

SAGA, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

9601 N.W. 33rd Street
Miami, Florida 33172

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

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

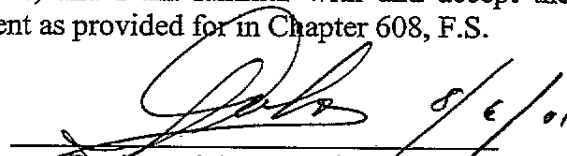
Vilma L. Cabrera
Name

9601 N.W. 33rd Street
Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33172
City, State, and Zip


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

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

 8/6/01
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.)

Vilma L. Cabrera
Typed or printed name of signee

APPROVED
AND
FILED
01 AUG -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA