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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
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LIMITED LIABILITY COMPANY

Sassafras, LLC

Certificate of Status	0
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR -5

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION
OF
SASSAFRAS, LLC
a Florida limited liability company

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR -5

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. The name of the limited liability company is Sassafrass, LLC (the "Company").
2. The mailing and street address of the principal office of the Company is: 1300 Third Street South, #202 A and B, Naples, Florida 34102.
3. The name and address of the initial registered agent in the State of Florida, whose Certification of Designation of Registered Agent/Registered Office accompanies these Articles of Organization are: Kathy Strasen, 1300 Third Street South, #202 A and B, Naples, Florida 34102
4. The Company is to be managed by its Managers.

These Articles of Organization shall be effective upon filing.

The undersigned has executed these Articles of Organization on the 5th day of March,

2002.

SASSAFRAS, LLC

By: Tamara Theoharis
Tamara Theoharis, Authorized Representative

By: Kathy Strasen
Kathy Strasen, Authorized Representative

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN
THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. The name of the limited liability company is: Sassafra, LLC.
2. The name and address of the registered agent and office are:

Kathy Strasen
1300 Third Street South, #202 A and B
Naples, Florida 34102

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 its 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.

Kathy Strasen~~Tamara Theopharis, Registered Agent~~

Kathy Strasen, Registered
Agent

Date: 3-5-02

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