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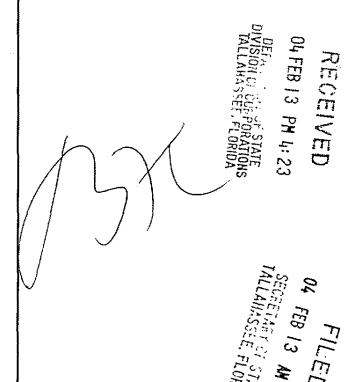
| (Re | equestor's Name) | . ™ = 81 | |
|---|--------------------|---------------------|--|
| (Address) | | | |
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| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TÄLLAÑASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

KATIE WONSCH

DATE:

2/13/04

REF. #:

0150.23529

Examiner's Initials

CORP. NAME: SABINA INVESTMENT GROUP, LLC

| () ARTICLES OF INCORPORATION | () ARTICLES OF AMENDMENT | () ARTICLES OF DISSOLUTION | | |
|---|------------------------------|------------------------------|--|--|
| () ANNUAL REPORT | () TRADEMARK/SERVICE MARK | () FICTITIOUS NAME | | |
| () FOREIGN QUALIFICATION | () LIMITED PARTNERSHIP | (XX) LIMITED LIABILITY | | |
| () REINSTATEMENT | () MERGER | () WITHDRAWAL | | |
| () CERTIFICATE OF CANCELLATION | | | | |
| () OTHER: | | | | |
| | | | | |
| STATE FEES PREPAID WITH CHECK# 507515 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: | | | | |
| | COST LI | MIT: \$ | | |
| PLEASE RETURN: | | | | |
| (XX) CERTIFIED COPY | () CERTIFICATE OF GOOD STAN | IDING () PLAIN STAMPED COPY | | |
| () CERTIFICATE OF STATUS | | | | |

OF FILED W & 39

ARTICLES OF ORGANIZATION

FOR

Sabina Investment Group, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is Sabina Investment Group, LLC.

ARTICLE II - ADDRESS

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

1200 S. Rogers Circle Unit #11 Boca Raton, FL 33487

ARTICLE III - REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

CORPDIRECT AGENTS, INC.
103 N. Meridian Street
Lower Level
Tallahassee, FL 32301

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.

CORPORECT AGENTS, INC

It's Agent, Cynthia A. Hicks

(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 herein are true.)

CORPDIRECT AGENTS, INC.

It's Agent, Cynthia A. Hicks

Authorized Representative of a Member