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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

RECEIVED
05 JUL 22 PM 2:00
DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

saugatuck partners, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

07/25/05

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(3)

ARTICLES OF ORGANIZATION FOR SAUGATUCK PARTNERS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: **SAUGATUCK PARTNERS, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **136 Main Street, Suite 201, Westport, Connecticut, 06880.**

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

The name and the Florida street address of the registered agent are: **SAMUEL SPENCER BLUM, ESQUIRE, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida, 33133.**

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, Florida Statutes.

Registered Agent's Signature

Article IV – Managers or Managing Members:
The name and address of each Manager or Managing Members is as follows:

Title:	**Name and Address:**
Manager	**Marc Backon** **5 Sandhopper Trail** **Westport, Connecticut, 06880**
Manager	**William Schwartz** **10 Orland Avenue** **Westport, Connecticut, 06880**

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Samuel Spencer Blum
ATTORNEY AT LAW
2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1888 TELEFAX (305) 854-3311
EMAIL: ssb@ssblum.com

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(An additional article must be added if an effective date is requested.)

William Schwartz
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.)

William Schwartz
Typed or printed name of signee

FILING FEES:
$ 100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (OPTIONAL)
$ 5.00 Certificate of Status (OPTIONAL)

SSB/bpk
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Samuel Spencer Blum
ATTORNEY AT LAW
[illegible] TIGERTAIL AVENUE, SUITE [illegible] COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) [illegible] TELEFAX: (305) 664-3314
E-MAIL: [illegible]

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