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(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Coples	Certificates	of Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT: Talbot So	ettlement & Escrow LLC		
		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	,
Please return all correspondence concerning this matter to the following:			PEC SE T
H.B. Stiv	/ers		
1101 001		Name of Person)	Total F
	V	,	SECRETARISEE, FLORIO
Levine & Stivers		-	
	(Firm/Company)	ar.
			7
245 East Vi	rginia Street		
		(Address)	
Tallal	hassee, FL 32301		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
H.B. Stivers	· ·	at (850) 222-6580	
	of Person)	(Area Code & Daytime To	elephone Number)
•	,	(
Enclosed is a check for	or the following amount:		
3 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SAUG 2		
Talbot Settlement & Escrow LLC			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
10999 Red Run Boulevard	Post Office Box 793		
Owings Mills, MD 211117	Owings Mills, MD 211117		
The name and the Florida street address of the re H.B. Stivers Name	gistered agent are:		
245 East Virginia Street			
Florida street address (P.O. Box NOT acceptable)			
Tallahassee	FL		
City, State, and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		
Registrica Agent's Signature			

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Ari M. Mossovitz 10999 Red Run Blvd MGRM Owings Mills, MD Jason E. SKlar <u> 10999 Red Run Blyd</u> MGR Owings Mills, MD 21117 Jay N. Zukerberg 10999 Red Run Blyd MGR Owigns Mills, MD 21117 Stewart D. Sachs <u> 10999 Red Run Blyd</u> MGR Owings Mills, MD 21117 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE 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.) Jaime Sachs Mossovitz Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Benjamin M. Lyons

10999 Red Run Bivd Owings Mills,MD 21117