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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

MAYER ABBO 766 S.E. 5TH AVENUE DELRAY BEACH, FL 33483

SUBJECT: SAVION COMPANIES, LLC

Ref. Number: W06000008943

We have received your document for SAVION COMPANIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability, company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00012657

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

TO:

Registration Section

Division of Corporations		
SUBJECT: Savion Composition (Name of Limite	Panies, LLC d Liability Company)	<del>-</del>
The enclosed Articles of Organization and fee(s) are s		
Please return all correspondence concerning this matter	er to the following:	
Hayer S. Alok	20	
	Name of Person)	
Savion Compar	ries. LLC	
	(Firm/Company)	
766 S.E. 5+n  Delray Beach,  (City	Ave	
	(Address)	
Delray Beach,	FL 33483	
(City	/State and Zip Code)	
For further information concerning this matter, please	call;	
Hayer S. Abbo (Name of Person)	at ( <u>561</u> ) <u>243.335 2</u> (Area Code & Daytime Telephone	<u> </u>
(Name of Person)	(Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	Certified Copy Certi (additional copy is enclosed) Cert	160.00 Filing Fee, ficate of Status & ified Copy ional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Savion Companies, (Must end with the words "Limited Liability Company, "Limited			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
766 S.E. 5th Ave Delvay Beach, FL 33483	Delray Beach, AL 33483		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:		
Hayer S. Ab	bo : : : : : : : : : : : : : : : : : : :		
Name			
766 SE 5+n 1	tvenue		
Florida street address (P.O. Box NOT acceptable)			
Delvay Beach City, State, as	FL 33483 nd 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	accept service of process for the above stated limited its 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.		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Principal-Mgr	Mayer S. Abbo  The SE 5th Ave  Delray Beach, R. 33483	
Principal-Mgrm	1sack Merenfeld 766 SE 5th Ave Delray Beach & 33483	
Principal-mgrm	Jacques Abbo - 2 766 SE 5th Ave Delmy Beach a 33482	
· 		
(Use attachment if necessary)	ज ज	
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:  Signature of a member of	r an authoriz <del>ed re</del> presentative of a member.	
of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)  Abbo 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)