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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Degree put Number)		
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Certified Coples Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Savasota Savannah, LLC	BUIST OF STATE
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark
	Merger File
	Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search
Signature Requested by:	Officer Search Fictitious Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search
Name Date Time Walk-In Will Pick Up	UCC 11 Seatch UCC 11 Retrieval Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Sarasota Savannah, UC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
165 Sandy Hook Road Same
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Berlin Law Firm. P.A.
Name
1819 Main St. #302
Florida street address (P.O. Box NOT acceptable)
Savasota, PL 34236 City, State, and Zip
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
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member MGR/MGRM	Name and Address: Christy Phillips	
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
(In accordance with section of this document constitute that the facts stated here	r an authorized representative of a member. n 603.403(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) or printed name of signee	
Filipe Foss: \$125.00 Filing Fee for Articles of Organize of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation	

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