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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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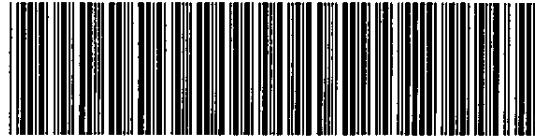
(Business Entity Name)

(Document Number)

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SECRETARY OF  
TALLAHASSEE, FLORIDA

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10-20  
[Signature]

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sadler Equities, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Sleiman  
(Name of Person)  
Peter Sleiman Development Group  
(Firm/Company)  
8669 Baypine Road, Suite 100  
(Address)  
Jacksonville, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barney Smith at (904) 367-5959 x.102  
(Name of Person) (Area Code & Daytime Telephone Number)

06 OCT 19 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$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)

**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

**SADLER EQUITIES, LLC**

**ARTICLES OF ORGANIZATION**

The undersigned, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the limited liability company is Sadler Equities, LLC.

**ARTICLE II  
ADDRESS**

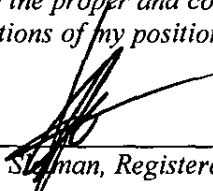
The mailing address and street address of the principal place of business of the Company is:

8669 Baypine Road, Suite 100  
Jacksonville, Florida 32256

**ARTICLE III  
REGISTERED AGENT AND OFFICE**

The street address of the initial Registered Office of this Company in the State of Florida shall be 8669 Baypine Road, Suite 100, Jacksonville, Florida 32256. The name of the initial Registered Agent of this Company at the above address shall be Peter D. Sleiman.

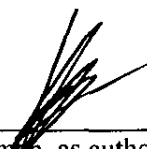
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
Peter D. Sleiman, Registered Agent

**ARTICLE IV  
MANAGEMENT**

The Company is to be managed under the direction of a Manager and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 12<sup>th</sup> day of October, 2006.

  
\_\_\_\_\_  
Peter D. Sleiman, as authorized representative