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B. KOHR

FEB 7 2008

EXAMINER

# CAPITAL CONNECTION, INC.

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

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*Savai Sanford, LLC*

- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- ☐ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
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Signature \_\_\_\_\_

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**ARTICLES OF ORGANIZATION**

**OF**

**SARAI SANFORD, LLC**

**ARTICLE I  
NAME**

The name of this Limited Liability Company is **SARAI SANFORD, LLC.**

**ARTICLE II  
DURATION**

This limited liability company shall have a perpetual existence commencing on the date these Articles are filed with the Secretary of State for the State of Florida, unless sooner terminated as provided herein.

**ARTICLE III  
PURPOSE**

This limited liability company is created for the purpose of transacting all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act as agreed upon by the members.

**ARTICLE IV  
PLACE OF BUSINESS AND REGISTERED AGENT**

The principal place of business of this limited liability company shall be 19700 US Highway 441, Mount Dora, Florida 32757 or such other place or places as the members from time to time may determine.

The mailing address of this limited liability company shall be 19700 US Highway 441, Mount Dora, Florida 32757.

The initial Registered Agent of this limited liability company shall be **Scott A. Gerken**, 4850 N. Highway 19A, Mount Dora, Florida 32757.

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**ARTICLE V  
MANAGEMENT OF THE BUSINESS**

This limited liability company shall be a manager-managed company. The initial manager shall be **Nikesh Shah** whose address is 19700 US Highway 441, Mount Dora, Florida 32757. Such manager shall continue to manage this limited liability company until a qualified successor is duly elected by a majority of members.

**ARTICLE VI  
PROPERTY**

Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise, shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

**ARTICLE VII  
AMENDMENTS**

These Articles, except for the vested rights of the members, may be amended from time to time by a two-thirds (2/3) majority in interest of the members, and the amendments shall be filed, duly signed by all members of the Company, with the Florida Department of State. All members agree to abide by the majority decision and agree to sign the amendments for the purpose of filing with the Florida Department of State.

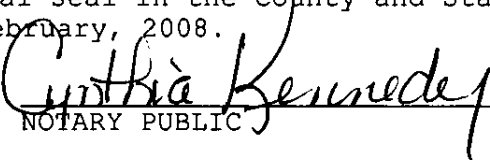
**IN WITNESS WHEREOF**, the parties hereto have executed these Articles of Organization on this 5<sup>th</sup> day of February, 2008.

  
\_\_\_\_\_  
**Nikesh Shah, Manager**

STATE OF FLORIDA  
COUNTY OF LAKE

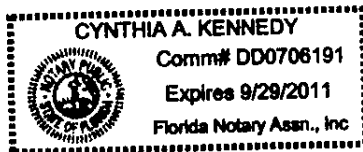
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared **NIKESH SHAH**, who produced Florida Driver's License as identification or        is personally known to me, and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 5th day of February, 2008.

  
NOTARY PUBLIC

\_\_\_\_\_  
Notary Public Printed Name

My Commission Expires:



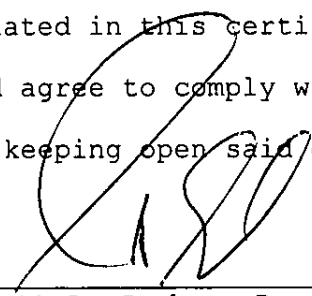
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First - that **SARAI SANFORD, LLC**, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the City of **Mount Dora**, County of Lake, State of Florida, has named **Scott A. Gerken**, of 4850 N. Highway 19A, Mount Dora, Florida 32757, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above stated Company, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said offices.

  
\_\_\_\_\_  
**Scott A. Gerken**, Registered Agent

Sworn to and subscribed before  
me this 6th day of February,  
2008 by **SCOTT A. GERKEN**.

  
\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Notary Public Printed Name

My Commission Expires:

