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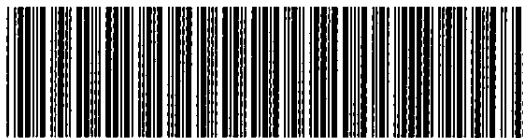
(Business Entity Name)

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DIVISION OF CORPORATION  
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G. MCLEOD

MAY 16 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COURTYARD A.C., 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:

MICHAEL J. SABA, ESQ.

(Name of Person)

SABA & SABA, ATTORNEYS AT LAW

(Firm/Company)

240 S. PINEAPPLE AVE., SUITE 702

(Address)

SARASOTA, FL 34236-6724

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. SABA

(Name of Person)

at ( 941 ) 365-9400

(Area Code & Daytime Telephone Number)

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company is:  
COURTYARD A.C., LLC

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

240 S. Pineapple Ave.  
Suite 702  
Sarasota, FL 34236

**ARTICLE III – REGISTERED AGENT AND OFFICE**

The name and the Florida street address of the registered agent is:

William A. Saba  
240 S. Pineapple Ave.  
Suite 702  
Sarasota, FL 34236

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*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..*

William A. Saba

Registered Agent's Signature

**ARTICLE IV – MANAGEMENT**

The Limited Liability Company is to be managed by one or more of its members, and is therefore a member-managed company. The name and address of each Managing Member is:

MGRM: William A. Saba  
240 S. Pineapple Ave.  
Suite 702  
Sarasota, FL 34236

**(CONTINUED)**

## ARTICLE V – EFFECTIVE DATE

These Articles of Organization shall be in effect as of May 8, 2008.

### REQUIRED SIGNATURE:

*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 herein are true.*

William A. Saba  
WILLIAM A. SABA, Managing Member

May 12, 2008  
Date