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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUN 25 PM 2:00

J. BRYAN

JUN 26 2008

EXAMINER

# JENNINGS TAYLOR WHEELER & HALEY, P.C.

*Attorneys at Law*

SUITE 250  
11711 N. PENNSYLVANIA STREET  
P.O. BOX 1710  
CARMEL, INDIANA 46082-1710  
Telephone: (317) 575-7979  
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Charles T. Jennings	Geoffrey C. Lambert
† David L. Taylor	Jeffrey W. Ferrand
Stephen C. Wheeler	Margaret A. Molloy
† Thomas R. Haley III	Michael K. Papagiannis
Joseph A. Samreta	Jamisen R. Brazys
	Cameron G. Starnes

† *Civil Mediator*

June 17, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED STATE  
SECRETARY OF CORPORATIONS  
08 JUN 25 PM 2:00

**Re: SAGA Enterprises, LLC**

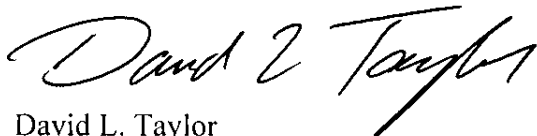
Dear Department of State Representative:

The enclosed Articles of Organization and Fees are submitted for filing. Please return all correspondence concerning this matter to the following:

David L. Taylor  
Jennings Taylor Wheeler & Haley, P.C.  
11711 N. Pennsylvania St., Suite 250  
P.O. Box 1710  
Carmel, IN 46082-1710

If you require further information concerning this matter, please call me. In addition I have also enclosed a check for One Hundred Sixty Dollars (\$160.00) for the filing fee, certificate of status and certified copy. I have also included an additional copy of the Articles of Organization as well. Thank you for your assistance in this matter.

Sincerely,



David L. Taylor

DLT/bsd:kdn

Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SAGA Enterprises, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

640 Brooker Creek Blvd., #425  
Oldsmar, FL 34677

### Mailing Address:

640 Brooker Creek Blvd., #425  
Oldsmar, FL 34677

## 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 registered agent are:

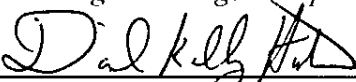
David Kelly Hudson  
Name

1819 Winsloe Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Trinity, FL 34655  
City, State, and Zip

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DIVISION OF CORPORATIONS  
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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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

**Name and Address:**

MGRM

David Kelly Hudson

1819 Winsloe Dr.

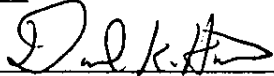
Trinity, FL 34655

(Use attachment if necessary)

**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 or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David K. Hudson

Typed 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)

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DIVISION OF CORPORATIONS  
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