L08000105805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

NOV 13 2008

EXAMINER

Office Use Only

700137647777

11/12/08--01015--024 **125.00

FILED

2008 NOV 12 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **'Registration Section**
Division of Corporations

SUBJECT: SAKKAM INVESTORS, 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:

M. RAYMOND MATUZA
(Name of Person)

SAKKAM INVESTORS, LLC
(Firm/Company)

181 INLET DRIVE
(Address)

ST. AUGUSTINE, FLORIDA 32080
(City/State and Zip Code)

2008 NOV 12 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

M. RAYMOND MATUZA at (904) 823 3442
(Name of Person) (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:

SAKKAM INVESTORS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
SAKKAM INVESTORS, LLC	SAKKAM INVESTORS, LLC
181 INLET DRIVE	181 INLET DRIVE
ST. AUGUSTINE, FLORIDA 32080	ST. AUGUSTINE, FLORIDA 32080

FILED
2008 NOV 12 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

M. RAYMOND MATUZA
Name

181 INLET DRIVE
Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE, FLORIDA 32080
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..

M. Raymond Matuza
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2-A

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MANAGER	M. RAYMOND MATUZA 181 INLET DRIVE ST. AUGUSTINE, FLORIDA 32080
MANAGING MEMBER	AMY ELIZABETH MATUZA (NEE-NEPOMNACHY) 40 RESERVATION ROAD ANDOVER, MASS. 01810
MANAGING MEMBER	B. ALLYN FAY 18 LAUREL STREET, APT. #2 SOMERVILLE, MASS. 02143
MANAGING MEMBER	MATTHEW RAYMOND MATUZA 4061 DREXEL DRIVE TROY, MICHIGAN 48098

FILED
2008 NOV 12 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary) — See page 2-B more names

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:

M. Raymond Matuza
Signature of a member or an authorized representative of a member.

(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 stated herein are true.)

M. RAYMOND MATUZA
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)

2 - B - more NAMES

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MANAGING MEMBER	KIRK ALBERT FAY 14592 WOODLAND RIDGE DRIVE CENTERVILLE, VA. 20121
MANAGING MEMBER	KIMBERLY ALLISON STRICHIK 1313 WINDSOR COURT POTTSTOWN, PA. 19464
MANAGING MEMBER	SARAH MEGHAN MATUZA 21 MAIN STREET, UNIT C CHARLESTOWN, MASS. 02129

FILED
2008 NOV 12 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

M. Raymond Matuza
Signature of a member or an authorized representative of a member.

(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 stated herein are true.)

M. RAYMOND MATUZA
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)