

L08000105805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

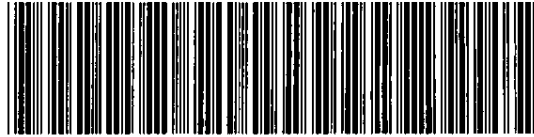
Special Instructions to Filing Officer:

A. LUNT

NOV 13 2008

EXAMINER

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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)

For further information concerning this matter, please call:

M. RAYMOND MATUZA

(Name of Person)

at (904) 823 3442

(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

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TALLAHASSEE, FLORIDA

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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:

SAKKAM INVESTORS, LLC
181 INLET DRIVE
ST. AUGUSTINE, FLORIDA 32080

Mailing Address:

SAKKAM INVESTORS, LLC
181 INLET DRIVE
ST. AUGUSTINE, FLORIDA 32080

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

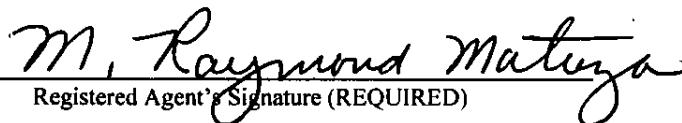
181 INLET DRIVE

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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2-A

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:

MANAGER

M. RAYMOND MATUZA
181 INLET DRIVE
ST. AUGUSTINE, FLORIDA 32080

MANAGING MEMBER

AMY ELIZABETH MATUZA (NEE-NEPOMNICK)
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

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGING MEMBER

KIRK ALBERT FAY

14592 WOODLAND RIDGE DRIVE

CENTERVILLE, VA. 20121

MANAGING MEMBER

KIMBERLY ALLISON STRICHAK

1313 WINDSOR COURT

POTTSTOWN, PA. 19464

MANAGING MEMBER

SARAH MEGHAN MATUZA

21 MAIN STREET, UNIT C

CHARLESTOWN, MASS. 02129

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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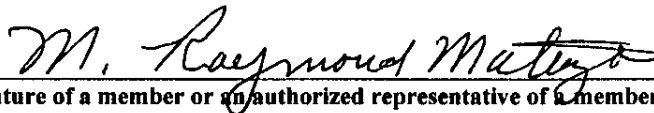
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(Use attachment if necessary)

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 608.408(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)