# Public Access System

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000282161 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LICCE, P.A.

Account Number : 073222003555 : (561)686-3307 Phone

Fax Number : (561)471-0894

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SAB Custom, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS JAN 0 5 2009

Electronic Filing Menu

Corporate Filing Menu

Help

Dec. 31. 2008 12:02PM NYGW & L, P. A.

No. 0201 P. 2 FILED

#### ARTICLES OF ORGANIZATION

2089 DEC 31 AM 10: 14

**OF** 

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### SAB CUSTOM, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

### ARTICLE I NAME

The name of this Limited Liability Company is:

SAB CUSTOM, LLC

### <u>ARTICLE II</u> <u>ADDRESS</u>

The street address and mailing address of the principal office is:

9293 Glades Rd Boca Raton, Florida 33434

### ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

### ARTICLE IV MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

## ARTICLE V ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this <u>Ug</u> day of December, 2008.

Domenick R. Lioce, Authorized Representative of the Members

ZHODEC 31 AM ID: 14

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

### SAB CUSTOM, LLC

2. The name and the Florida street address of the registered agent and office are:

Domenick R. Lioce 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.

Domenick R. Lioce, Registered Agent