

LOG10000061678

Florida Department of State  
Division of Corporations  
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.

((H09000149496 3)))



H090001494963ABC9

**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 : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**L. SELLERS**

JUN 25, 2009

**EXAMINER**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SAMasters, LLC**

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

RECEIVED  
09 JUN 24 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
09 JUN 24 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H09000149496 3

**ARTICLES OF ORGANIZATION  
OF  
SAMasters, LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: **SAMasters, LLC**

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
8900 East River Dr, Navarre, Florida 32566.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.

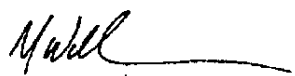
**ARTICLE IV            DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and  
address of the member of the Limited Liability Company is:

Steven A. Masters, 8900 East River Dr, Navarre, Florida 32566

  
\_\_\_\_\_  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
(608) 827-5300

Date: June 23, 2009

FAX AUDIT # H09000149496 3

**FILED**  
09 JUN 24 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FAX AUDIT # H09000149496 3

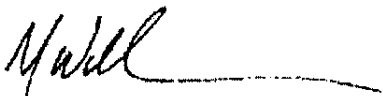
CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **SAMasters, LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.

Having been named as registered agent and to accept service of process for the above stated  
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.



Signature: \_\_\_\_\_  
*Mark Williams, A.V.P. Business Filings Incorporated*

Date: June 23, 2009

FAX AUDIT # H09000149496 3

FILED  
09 JUN 24 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA