09000062864

(Re	equestor's Name)				
(Address)					
(Address)					
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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T. HAMPTON JUN 3 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: NEW SA	AWGRASS STORE LLC				
		nited Liability Company				
The en	closed Articles of Organization and fee(s) a	re submitted for filing.				
Please	return all correspondence concerning this m	atter to the following:				
	Chang Un Yi Name of Person					
		LVL X				
		Firm/Company				
	128	01 W Sunrise Blvd Address				
		unrise, FL 33323 City/State and Zip Code				
-		(@mindspring.com d for future annual report notification)				
For fur	ther information concerning this matter, ple					
	Chang un Yi Name of Person	at (213) 741 2110 Area Code & Daytime Telephone Number				
Enclos	sed is a check for the following amount:					
\$125.	00 Filing Fee \$\bigcup\$130.00 Filing Fee &\text{ Certificate of Status}	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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUN 29 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 11, 2009

CHANG UN YI LVL X 12801 W SUNRISE BLVD - STE 277 SUNRISE, FL 33323

SUBJECT: SAWGRASS STORE LLC

Ref. Number: W09000027420

We have received your document for SAWGRASS STORE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00019728

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
NEW SAWGRAS (Must end with the words "Limited L	SS STORE LLC .iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12801 W Sunrise Blvd Suite #277 Sunrise, FL 33323	12801 W Sunrise Blvd Suite #277 Sunrise, FL 33323	
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
The name and the Florida street address of the	he registered agent are:	
Elisabeth Chung Name		
	se Blvd Suite #277	
Florida street address (l	P.O. Box <u>NOT</u> acceptable)	
Sunrise, FL 33323	e, and Zip	
•	•	
	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as	

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 (RIQUIRED)

(CONTINUED)

SECRETARY OF STATE DIVISION OF CORPORATIONS

Page 1 of 2

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

<u>Title:</u> "MGR" = Manag "MGRM" = Mana		Name and Address:	÷	
MGRM		Elisabeth Chung 12801 W Sunrise blvd. Suite #277 Sunrise, FL 33323		
				
	_		- -	
(Use attachment in	f necessary)			
	ed, the date must be sp	e of filing: June 6, 2009 (OPT pecific and cannot be more than five busine		,
<u>REQUIRED</u> SIG	NATURE:	Che M'	•	
	Signature of a member or	an authorized representative of a member.		
	(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)		
		Chang Un Yi		
T7215 #2	Typed	or printed name of signee		
Filing Fees:		·		
	ee for Articles of Organiza	ition and Designation		
	tered Agent l Copy (Optional)		8	S S
	ite of Status (Optional)			ZŽŽ