

**L09000067625**

\_\_\_\_\_  
(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:

Office Use Only



**500157972495**

07/10/09--01021--017 \*\*160.00

**FILED**  
09 JUL 10 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JUL 14 2009

**EXAMINER**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MI PLAYA, 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:

**MICHAEL J. SABA, ESQ.**

Name of Person

**LAW OFFICE OF SABA & SABA**

Firm/Company

**240 S. PINEAPPLE AVE., SUITE 702**

Address

**SARASOTA, FL 34236**

City/State and Zip Code

**SABAMICHAELJ@AOL.COM**

E-mail address: (to be used for future annual report notification)

**FILED**  
**09 JUL 10 PM 1:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

**MICHAEL J. SABA**

Name of Person

at ( **941** ) **365-9400**

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:  
MI PLAYA, LLC

## ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

240 S. Pineapple Ave.  
Suite 702  
Sarasota, FL 34236

## ARTICLE III – REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent is:

William A. Saba  
240 S. Pineapple Ave.  
Suite 702  
Sarasota, FL 34236

FILED  
09 JUL 10 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

## ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by one or more of its members, and is therefore a member-managed company. The name and address of each Managing Member is:

MGRM: William A. Saba  
240 S. Pineapple Ave.  
Suite 702  
Sarasota, FL 34236

(CONTINUED)

**REQUIRED SIGNATURE:**

*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 herein are true.*

William A. Saba  
WILLIAM A. SABA, Managing Member

July 9, 2009  
Date

**FILED**  
09 JUL 10 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA