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SECRETARY OF STATE

TALLAHASSEE, FLORID

J. BRYAN

SEP 29 2009

EXAMINER

BECKER & POLIAKOFE

Dimerald Make Comporate Rank SIMI Straling Road : 1 14 Rong Landerdale, Florida 33312-6526 Phoner (931) 937-7550 | Para (951) 938-4176

RO, Box 9057 Ful Landerdale, FL 83310-905

ADMINISTRATIVE OFFICE

3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 800.432.7712 U.S. TOLL FREE

WWW.BECKER-POLIAKOFF.COM BP@BECKER-POLIAKOFF.COM Reply To:
Fort Lauderdale
Jennifer D. Westerlund, Esq.
Attorney at Law
Direct dial: (954) 364-6072
JWesterlund@becker-poliakoff.com
Also Admitted in New York

TO: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FROM: Jennifer D. Westerlund, Esq../ Jwesterlund@becker-poliakoff.com

Tina Fritz, Legal Assistant/tfritz@becker-poliakoff.com

DATE: September 24, 2009

BOCARAION RE: Sashay Sourcing, LLC

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FORT MYERS

FORT WALTON BEACH

HOLLYWOOD

HOMESTEAD

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* by appointment only

ENCLOSED PLEASE FIND:

Please file this Articles of Organization for Limited Liability Company for Sashay Sourcing, LLC. We would like the filing sent via mail.

For your information.

Please acknowledge receipt.

Please review and comment.

Please file and return conformed copy.

Please handle.

For your files.

Other:

ACTIVE: A14935/303650:2696744_1_JWESTERLUND

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SASHAY SOURCING LLC Name of Limited Liability Company
Name of Elimited Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JENNIFER WESTERLUND FOR T
Name of Person
BECKER & POLIAKOFF, P.A. Firm/Company
Firm/Company
311 STIRLING ROAD
Address
FT. LANDERDALE, FL 33312 City/State and Zip Code jwesterlund@becker-poliakoff.com
City/State and Zip Code
Juesteriund@becker-poliakott.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jernifer Westerlund at 954 364 6072 Name of Person Area Code & Daytime Telephone Number
Med code & Baytime Telephone Manioer
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\times \text{\$155.00 Filing Fee & }\times \text{\$160.00 Filing Fee,} \text{\$Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY-(1
ARTICLE I - Name: The name of the Limited Liability Company is:	P 28 P
SASHAY SOUR (Must end with the words "Limited Liability	CING LLC y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8904 TROPICAL COURT FORT MYBES, FL 33908	8904 TROPICAL COURT FORT MYERS, FL 33908
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another Effective Date 10/01/09
JENNIFER WEST	-
BECKER & POLY 3111 STRLING Florida street address (P.O. E	AKOFF, P.A.
FT. LAUDELDALE, City, State, and	<u>FL 33312</u> d Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Man	naging Member(s): ger or Managing Member is as follows:
Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	FLORE TO SEE
MGRM	ROBERTO ALCALAY SOUT TROPICAL COURT
	FORT MYERS, FL 33408
,	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: OCTOBER 1, 2001. (OPTIONAL) the specific and cannot be more than five business days process.
	er or an authorized representative of a member.
Signature of a memp	er of anyuthorized representative of a member.
(In accordance with se of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
of this document cons that the facts stated he	stitutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organi of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)