| (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: | | | | | | |
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Office Use Only

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COVER LETTER

TO:

| то: | Registration Division of C | | | | | |
|-----------------|-------------------------------|---|-----------|--|---|---|
| SUBJI | ECT: | Sava Propertie | | | | Company |
| The en | closed Articles | of Organization and fee(s) are | submitt | ed for fil | ing. | |
| Please | return all corres | spondence concerning this mat | ter to th | e followi | ng: | |
| | | Mich | ael D | . Kener | muth | |
| | | | Name o | of Person | | |
| | | | | | | |
| | | | Firm/C | Company | | |
| | | 383 | Pentl | and Dr | rive | |
| | | | Ad | dress | · | |
| | | Melbourne | e Bear | ch, Flor | rida 32951 | |
| | | | | nd Zip Co | | |
| | | kenm | nike2@ | | o.com | |
| | | E-mail address: (to be used | | e annual re | eport notification | on) |
| For fur | ther information | n concerning this matter, please | e call: | | | |
| | Micha | el Kenemuth | _ at (| 321 |) | 536-7030 Telephone Number |
| | Name | e of Person | | Area Co | de & Daytime | Telephone Number |
| Enclos | sed is a check t | for the following amount: | | | | |
|] \$125. | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Ce | rtified C | ling Fee & Copy opy 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 | | Registr Division Clifton 2661 E | Courier Addition Section on of Corporate Building Executive Centary Section 230 | tions ter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company | is: |
| Sava Prope | rties, LLC |
| (Must end with the words "Limited Lia | ability Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 383 Pentland Drive Melbourne, Florida 32951 | Sava Properties 383 Pentland Drive Melbourne Beach, Florida 32951 |
| business entity with an active Florida registration.) The name and the Florida street address of the | Z |
| Nan | - 0/11 |
| 383 Pent | land Drive |
| Florida street address (P. | O. Box NOT acceptable) |
| Melbourne Beach,329 | |
| City, State | e, and Zip |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S |

(CONTINUED)

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:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| Michael Kenemuth | 383 Pentland Drive Melbourne Beach, Florida 32951 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | e date of filing: (OPTIONAL be specific and cannot be more than five business days |
| REQUIRED SIGNATURE: | |
| Signature of a member | er or an authorized representative of a member. |
| (In accordance with se of this document cons that the facts stated he | ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) |
| | Michael D. Kenemuth |
| Filing Fees: | ped or printed name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)