Florida Department of State Division of Corporations 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.

(((H10000271372 3)))



H100002713723ABCX

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

Pax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number :

: (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mass address. Palphprincipe Eyahoo, com

FLORIDA LIMITED LIABILITY CO.

Sabella Management LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

J. BRYAN

DEC 2 0 2010

EXAMINER

H10000271372

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Sabella Management 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:	
840 US Highway 1, Suite 31	5 840 US Highway 1, Suite 315	
North Palm Beach, FL 3340	8 North Palm Beach, FL 33408	TO DEC
ARTICLE III - Registere The name and Florida street add	ed Agent, Registered Office & Registered Agent's Signature bress of the registered agent are: Ralph A. Principe	17 AM 7:59 ASSEE FLORIDA
	Name	
	840 US Highway 1, Suite 315	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	North Palm Beach, FL 33408	
	(City / State / Zip)	

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 - Ralph A. Principe

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR"=Manager "MGRM" = Managing Member MGRM Ralph A. Principe 840 US Highway 1, Suite 315. North Palm Beach, FL 33408 (Use attachment if necessary) 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 stated herein are true.) Ralph A. Principe Typed or printed name of signee

12/17/2010 3:21:34 PM -0500 POWERED BY ORCAFAX

PAGE 3