# L11000118515

(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 17 2011

**EXAMINER** 

Office Use Only



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10/14/11--01016--013



# **COVER LETTER**

Division of Corporations	
<sub>SUBJECT:</sub> Sufa Group LLC.	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Danny Safra	
	Name of Person
Sufa Group LLC.	
	Firm/Company
10300 Southside Blvd. Sui	te 311
	Address
Jacksonville FL 32256	
	y/State and Zip Code
admin@stormwatch.cc  E-mail address: (to be used to	or future annual report notification)
For further information concerning this matter, please	•
Sanford Kaminsky	at (904 ) 206-8001
Name of Person	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 & \$160.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is encl
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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

A	RT	ICI	I - 1	Nan	ne:

The name of the Limited Liability Company is:

## Sufa Group LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Con

#### **Principal Office Address:**

**Mailing Address:** 

10300 Southside Blvd Suite 311

Jacksonville, FL 32256

10300 Southside Blvd Suite 311 Jacksonville, FL 32256

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sanford Kaminsky

Name

10300 Southside Blvd Suite 311

Florida street address (P.O. Box NOT acceptable)

Jacksonville

... 32256

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position of registered agent as provided for in Chapter 608,

Registered Agent's Signature (REQUIRED)

(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:

MGR	Dan Safra	AS
	10300 Southside Blvd. Suite 311	012
	Jacksonville FL 32256	
MGR	Sanford Kaminsky	1
	10300 Southside Blvd. Suite 311	
	Jacksonville FL 32256	

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

Signature of a member of an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### Sanford Kaminsky

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)