

Nov. 4. 2011 1:07PM  
Division of Corporations

Gray Robinson

No. 0049 Pa. 1.3

**L110000126414**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**L. SELLERS**

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**EXAMINER**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Sarabande Property Company, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

11 NOV -4 PM 2:40

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11 NOV -4 AM 11:12

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sarabande Property Company, 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 Company is:

**Principal Office Address:**

c/o GrayRobinson, P.A.  
301 E. Pine Street, Ste. 1400  
Orlando, Florida 32801

**Mailing Address:**

c/o GrayRobinson, P.A.  
P.O. Box 3068  
Orlando, Florida 32802-3068

**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:

GrayRobinson, P.A., Attn: R. Lee Bennett, Esq.

Name

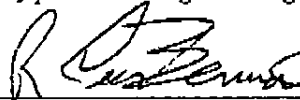
301 E. Pine Street, Suite 1400

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

Orlando, FL 32801

City, State, and 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 (REQUIRED)

R. Lee Bennett, Esq.

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**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:**

MGR

Andrew John Sibbald Summers  
3 Castlebridge Court  
Hilton Head Island, South Carolina 29928

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Andrew Summers  
Signature of a member or 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.)

Andrew John Sibbald Summers, MGR  
Typed or printed name of signor

**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)

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