## L11000/42272

(F	Requestor's Name)	
(A	Address)	
	Address)	
((	City/State/Zip/Phone #/	)
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([	Ocument Number)	
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EXAMINER

## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Saul Management LLC			
	Name of Limited Liability Company			
	Articles of Organization and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
Bo H	arris			
	Name of Person			
Ingwe	ersen & Taylor, LLP			
	Firm/Company			
Six C	oncourse Parkway, Suite 600			
	Address			
Atlan	ta, GA 30328	<b>33</b>	201	
• • • • • • • • • • • • • • • • • • • •	City/Stute and Zip Code	32	DEC	tene
bharr	s@itllp-law.com	為区		tekus)
For further inf	E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call:	RY OF S SEE, FL	9 🎘	17
Bo Harris	at ( 770 ) 396-1100	STAT	i 201 (34	alterna ma
	Name of Person Area Code & Daytime Telephone Number	<u> </u>	<u>-</u>	
Enclosed is a	check for the following amount:			
\$125.00 Filing		f Status & py		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Saul Management LLC			
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the printer.	ncipal office of the Limited Li	ability Company is:	
Principal Office Address:	Mailing Address:		
8 Ocean Drive	8 Ocean Drive		
Jupiter Inlet Colony	Jupiter Inlet Colony		
Tequesta, FL 33469	Tequesta, FL 33469		
	gistered agent are:  /	2011 DEC 19 A	
Tallahassee	FL 32301		
City, State	e, and Zip		
Having been named as registered agent and to accliability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfacept the obligations of my position as registed. Corporation Service Companies of Registered Agent's Signature	is certificate, I hereby accept th I further agree to comply with formance of my duties, and I an ered agent as provided for in C ny Dona L. Pr	e appointment as the provisions of all n familiar with and	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Julian D. Saul  8 Ocean Drive, Jupiter Inlet Colony Tequesta, FL 33469
// · · · · · · · · · · · · · · · · · ·	
ffective date is listed, the date must be	date of filing: (OPTIONAL)  specific and cannot be more than five business days place.
CLE V: Effective date, if other than the feetive date is listed, the date must be	e specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be more than five business days per specific and cannot be approximate and cannot be more than five business days be approximated and cannot be approximated
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608. constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be more than five business days provided by the specific and cannot be used to be specific and cannot be used to be specifically and the specific and cannot be used to be specifically and the specific and cannot be used to be specific and cannot be used to be specifically and the specific and cannot be used to be specifically and the specific and cannot be used to be specifically and the specific and cannot be used to be used to be used to be used to be specifically and the specific and cannot be used to be used t
ELE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Bo Harris, Organiz	ror an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the Department of State as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Bo Harris, Organiz	ror an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, P.S.)