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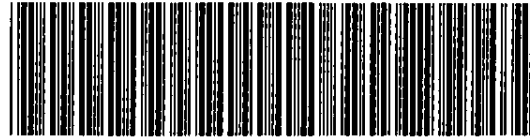
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SABA SANDS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM A. SABA  
Name of Person

SABA SANDS, LLC  
Firm/Company

240 S. PINEAPPLE AVE., SUITE 702  
Address

SARASOTA, FL 34236  
City/State and Zip Code

SABAWILLIAM@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM A SABA at 941 365-9400  
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 & Certified Copy (additional copy 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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – NAME

The name of the Limited Liability Company is:  
SABA SANDS, LLC

## ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:  
240 South Pineapple Avenue, Suite 702  
Sarasota, FL 34236

## ARTICLE III – REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent is:  
William A. Saba  
240 South Pineapple Avenue, Suite 702  
Sarasota, FL 34236

*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

## ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by one or more of its members, and is therefore a member-managed company. The name and address of each Managing Member is:

MGRM: William A. Saba  
240 South Pineapple Avenue, Suite 702  
Sarasota, FL 34236

(CONTINUED)

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TALLAHASSEE, FLORIDA

## ARTICLE V – EFFECTIVE DATE

These Articles of Organization shall be in effect upon filing with the Florida Department of State.

### 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 herein are true.*

William A. Saba

WILLIAM A. SABA, Managing Member

Jan 13, 2012  
Date