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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SAVAGE KRIM & SIMONS

Account Number : 073617000267 Phone : (352)732-8944 Fax Number : (352)867-0504

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

Email Address:	gsimons@savagekrim.com	
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FLORIDA LIMITED LIABILITY CO. SARAH & SUMMER, LLC

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ARTICLES OF ORGANIZATION

of

SARAH & SUMMER, LLC a Florida Limited Liability Company

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be SARAH & SUMMER, LLC ("Company").

ARTICLE II - ADDRESS

The physical address of the principal office of the company shall be 121 NW 3rd Street, Ocala, Florida 34475.

The mailing address of the principal office of the company shall be 121 NW 3rd Street, Ocala, Florida 34475.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent and registered office of the Company in the State of Florida is Gary C. Simons, Esq., 121 NW Third Street, Ocala, FL 34475.

ARTICLE V - MANAGERS/MANAGING MEMBERS

The name and address of each Manger or Managing Member is as follows:

TITLE:

NAME:

ADDRESS:

MGRM

GARY C. SIMONS

121 NW 3rd Street Ocala, FL 34475 DIVISION OF CORPORATIONS

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ARTICLE VI - EXISTENCE

Signed this 14 day of 2012.

Gary C. Simons, Organizer and

Authorized Representative of the Members

STATE OF FLORIDA

COUNTY OF MARION

The foregoing instrument was acknowledged before me this Athan day of Jonuary, 2012, by Gary C. Simons, as Organizer and Authorized Representative of the Members, who is personally known to me.

ANN BUT AND STATE OF THE STATE

Notary Public, State of Florida

ACCEPTANCE OF REGISTERED AGENT

for

SARAH & SUMMER, LLC, a Florida Limited Liability Company

Undersigned hereby states that he is familiar with the obligations of Registered Agent for the Company as provided by Chapter 608, Florida Statutes, and accepts the appointment as Registered Agent for the Company.

Signed this _______, day of _________, 2012.

GARY C. SIMONS, Registered Agent

ID:SAVAGE KRIM & SIMONS

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STATE OF FLORIDA

COUNTY OF MARION .

The foregoing instrument was acknowledged before me this 24th day of 1000 day of 2012, by GARY C. SIMONS, as Registered Agent, who is personally known to rule.

FAX:352 867 0504

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