

# L12000159366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400242684314

12/20/12--01002--013 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC 20 AM 11:17  
NOT IN A FILED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
12 DEC 29 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

DEC 21 2012

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 12/20/12

**REF. #:** 001554.178239

**CORP. NAME:** SAB HOLDINGS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 102564 **FOR \$** 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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

FILED  
12 DEC 20 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the Limited Liability Company is SAB Holdings, LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 2930 John Moore Rd., Brandon, FL 33511.

**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective upon filing.

**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 3203 W. Cypress St., Tampa, Florida, 33607.

**ARTICLE V  
MEMBERS/MANAGERS**

The name and address of the Members are:

Steven D. Harper  
4311 W. Robin Lane  
Tampa, FL 33609

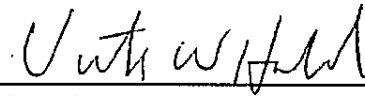
Amy L. Harper-Thorne  
3135 Toscana Circle  
Tampa, FL

Bradley N. Harper  
3821 Stearns Rd.  
Valrico, FL 33596

The name and address of the Managers are:

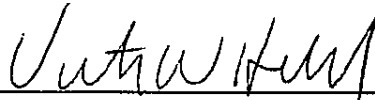
William H. Harper  
2930 John Moore Rd.  
Brandon, FL 33511

Having been named as registered agent and to accept service of process for the above-named 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 provision 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.



Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Victor W. Holcomb, Esquire