

L/3000170482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

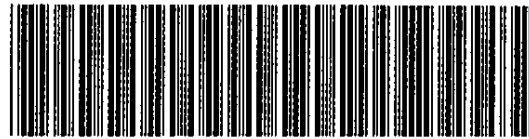
Special Instructions to Filing Officer:

DEC 10 2013

A. LUNT

W 13-61393

Office Use Only 809-45055



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FILED  
TALLAHASSEE, FLORIDA

2013 DEC -4 PM 1:42



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2013

HECTOR SAPONAR  
1440 CORAL RIDGE DRIVE  
SUITE 129  
CORAL SPRINGS, FL 33071-5433

SUBJECT: SASCA, LIMITED LIABILITY COMPANY  
Ref. Number: W13000061393

We have received your document for SASCA, LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 513A00025731



**SASCA inc.**

3611 TURTLE Run Blvd # 616  
Coral Springs, FL 33067  
( 954 ) 687 2603

**FLORIDA DEPARTMENT OF STATE  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P.O. BOX # 6327  
TALLAHASSEE, FL 32314**

RECEIVED  
13 DEC 10 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mrs. Agnes Lump

As an owner of SASCA INC. we authorize the name SASCA to be use in the LLC :

SASCA LLC  
EIN - 45 - 4053514  
1440 CORAL SPRINGS DR # 129  
CORAL SPRINGS, FL 33071

**SASCA inc.**

This LLC is also of my property and is going to be doing REAL STATE BUSINESS

Thank you

Hector Saponar  
PRESIDENT

PS: ENCLOSED APPLICATION FOR THE NEW : LLC

e-mail: [sascainc@att.net](mailto:sascainc@att.net) / Phone: 954 687 2603 / Florida 33321

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SASCA, 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:

Hector Saponar  
Name of Person

SASCA, LLC  
Firm/Company

1440 Coral Ridge Drive, Suite 129  
Address

Coral Spring, FL 33071-5433  
City/State and Zip Code

sasca LLC@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Saponar at (954) 687-2603 or 954-881-8107  
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:

SASCA 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:**1440 CORAL RIDGE DR #129CORAL SPRINGS, FL 33071**Mailing Address:**1440 CORAL RIDGE DR #129CORAL SPRINGS, FL 33071**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:

HECTOR SAPONAR

Name

1440 CORAL RIDGE DR # 129Florida street address (P.O. Box **NOT** acceptable)CORAL SPRINGS FL 33071

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)

(CONTINUED)

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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

MGR

MGRM

**Name and Address:**

Hector Saponar  
3611 Turtle Run Blvd  
# 616- Coral Springs, Fl.  
33067

Mamie A. Moore  
8710 N.W. 18th Ct.  
Coral Springs, Fl. 33071

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: date of filing (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:**

Mamie A. Moore  
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.)

Mamie A. Moore  
Typed or printed name of signee

**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)**