Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000035895 3)))



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To:

Division of Corporations

Fax Number : (850) 617-638

Please retain original date of submission 2/13/14

: C T CORPORATION SYSTEM
: FCA0000000023

From:

Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

FLORIDA LIMITED LIABILITY CO. SAGEE PROPERTY INVESTMENTS LLC

Certificate of Status	0
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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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Fax Server

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February 14, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SAGEE PROPERTY INVESTMENTS LLC

REF: W14000009584

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000035895 Letter Number: 114A00003395

RE-SUBMIT
Please retain original filing date of submission 2/13/14

RECEIVED 4 FEB 18 PM 4: 18 SECREMENT OF STATE TALLAHÁSSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SAGEE PROPERTY INVESTME Name of Li	NTS LLC mited Liability Company	
The enclosed Articles of Organization and fee(s) a Please return all correspondence concerning this m	_	
LAURA SEILER	Name of Person	
VALUEWORKS AG	Firm/Company	
SEEFELDSTRASSE 60	Address	
8008 ZURICH, SWITZERLAND	City/State and Zip Code	
laura@valueworks.ch E-mail address: (to be use For further information concerning this matter, ple	ed for future annual report notifications	on)
LAURA SEILER at (41) 44 388 90 00 Area Code Daytime Telep	hone Number
Enclosed is a check for the following amount:		
S125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	IS160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation	

P.O. Box 6327 Tallahassec, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
SAGEE PROPERTY INVESTMENTS LLC (Must end with the words "Limited L	lability Company, "L.L.C" or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal officers.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Laura Seiler VALUEworks AG. Seefeldstrasse 60 8008 Zürich, Switzerland	Same as principal office address
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered u	gent are;
CT Corporation System	
Name	
1200 South Pine Island Road Florida streat address (P.O. Box N	OT acceptable)
Plantation	FL 33324
City	Zip
the place designated in this certificate, I hereby occupi the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ce of process for the above stated limited liability company at he appointment as registered agent and agree to not in this all statutes relating to the proper and complete performance allows of my position as registered agent as provided for in 605, F.S.
Registered Agent's Signator	(REQUIRED) Sohan-R. Dindyal Vice President
(CONTINUED	

Page 1 of Z

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	RUBY PROPERTIES LLC
•	ATU Goneral Trust (Anguilla) Inc.
	The Valley, P.O. Box 1551, Anguilla
MGR	JADE REAL ESTATE SERVICES
	Craignuit Chambers, Road Town
	Tortola, British Virgin Islands
EV: Effective date, if other than the date cetive date is listed, the date must be spe	of filing:
E V: Effective date, if other than the date of citive date is tisted, the date must be spe f filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
E V: Effective date, if other than the date rective date is listed, the date must be spenf filing.) E VI: Other provisions, if eny. REQUIRED SIGNATURE Signature of a men (in accordance with section 605 constitutes an offirmation under I am aware that any false inform	
Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any felse inform constitutes a third degree felony	nber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the panalties of perjury that the facts stated herein are true, action submitted in a document to the Department of State as provided for in 2.817.155, F.S.)

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