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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2014 APR 14 PM 3: 23
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2014

WAYNE MATOTT 10928 SW 11TH LANE GAINESVILLE, FL 32607

SUBJECT: SARASAM LTD Ref. Number: W14000023763

We have received your document for SARASAM LTD 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 of the entity cannot include "Ltd." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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

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

Tammi Cline Regulatory Specialist II

Letter Number: 614A00008036

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sarasam Ltd Name of Limited Liability Company
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:
Wayne H. Matott Name of Person
Name of Person
Firm/Company
10928 SW11 th Lane Address
City/State and Zip Code Waynematotta aol. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wayne Matott at (914) 645-3271 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Sarasam LLC	
(Must end with the words "Limite	ed 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:	Mailing Address:
gainesville, FL 32607	Same
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registrati	m Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
Wayne H. M. Nam	19tott
Nam	ne e
10928 SW11 +4	Lane
Florida street address (P.O. Bo	ox NOT acceptable)
Gaines ville City	FL 32607
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this s of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in a pter 605, F.S.
Registered Agent's Sign	AHASSI I
(CONTINI	OF STATE CAND
Page 1 of	72

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Wayne H. Matott 10928 Swilth Lane aginesville, FC 32607
I is attachment if necessary)	
•	of filing: 4/10/14 (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing: 4/10/14 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.
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