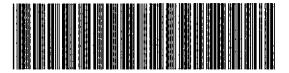
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## REDGRAVE ROSENTHAL

120 East Palmetto Park Road • Suite 400 Boca Raton, Florida 33432 • Tel 561.347.1700 • Fax 561.391.9944 www.redgraveandrosenthal.com

Jennifer E. Zakin jzakin@redgraveandrosenthal.com Direct Dial 561,226,7819

May 30, 2014

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

Re:

Our File No. 35979-00002

Sarah Bhutta Design, LLC

Dear Sir or Madam:

Enclosed please find the following for the above referenced entity:

- 1. Cover Letter;
- Articles of Organization; and 2.
- A check in the amount of \$125.00 payable to the "Florida Department of 3.

Please file the enclosed Articles of Organization with the Florida Department of State ar return confirmation of filing to our office at the address indicated on the attached Cover I

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jennifer E. Zakin

JEZ/ib **Enclosures** 

## **COVER LETTER**

TO:	Registration Division of C					
SUBJE	CT:		hutta Design, LLC lited Liability Company			
The enc	losed Articles	of Organization and fee(s) ar	e submitted for filing.			
Please re	eturn all corres	spondence concerning this ma	atter to the following:			
			Ilana Brunelle			
			Name of Person			
		Red	grave & Rosenthal LLP			
			Firm/Company			
		120 East F	almetto Park Road, Suite 400	)		
			Address			
			aton, Florida 33432-4809			
			ity/State and Zip Code	# # July : .	~=	
		E-mail address: (to be used	bhutta@comcast.net I for future annual report notifica	ation)	=	energy in
For furtl	her information	n concerning this matter, plea	se call:		JUN -2	Actions Superior
		. Zakin, Esq. at (	561 ) 347-1700	· · · · · · · · · · · · · · · · · · ·	P	
	Nam	ne of Person	Area Code Daytime Tel	lephone Number	ب <u>ب</u>	( )
Enclose	d is a check fo	r the following amount:			Ň	
☑ \$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

(Must end with the words "	Bhutta Design, LLC  'Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
455 East Palmetto Park Road, Unit 9W Boca Raton, Florida 33432	455 East Palmetto Park Road, Unit 9W Boca Raton, Florida 33432
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida region of the regio	its own Registered Agent. You must designate an individual or gistration.)
The name and the Florida street address of the re	gistered agent are:
Sar	ah J. Bhutta Name
ASS Short Balance	
	etto Park Road, Unit 9W P.O. Box <u>NOT</u> acceptable)
Boca Rator	nFL_33432
City	Zip
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro	ccept service of process for the above stated limited liability company accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performant the obligations of my position as registered agent as provided for in Chapter 605, F.S
Sace	's Signature (REQUIRED)
Registered Agent'	offite. №
	NTINUED)  age 1 of 2

	ARTICLE IV-	•		
	The name and address of each person author	orized to manage and control the Limited Liability	Company:	:
	<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:		
	"MGR" = Manager MGR	Carab I Dhydda		
	TWO IX	Sarah J. Bhutta 455 East Palmetto Park Road, Unit 9V		_
		Boca Raton, Florida 33432		_
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ART	(Use attachment if necessary)  ICLE V: Effective date, if other than the date of	filino: (OPTIC	)NAL)	<del>-</del>
(If ar	ICLE V: Effective date, if other than the date of	filing: (OPTIC fic and cannot be more than five business days p	ONAL) rior to or	- 90 da <u>j</u>
(If ar the d	ICLE V: Effective date, if other than the date of effective date is listed, the date must be speci	filing: (OPTIC fic and cannot be more than five business days p	ONAL) rior to or	- 90 da
(If ar the d	ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)	filing: (OPTIC fic and cannot be more than five business days p	ONAL) rior to or	90 da
(If ar the d	ICLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)  ICLE VI: Other provisions, if any.	filing: (OPTIC fic and cannot be more than five business days p	ONAL) rior to or	90 da
(If ar the d	ICLE V: Effective date, if other than the date of a effective date is listed, the date must be speciate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	fic and cannot be more than five business days p	r. document re true.	
(If ar the d	ICLE V: Effective date, if other than the date of a effective date is listed, the date must be speciate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the section of	per or an authorized representative of a member 1203 (1) (b), Florida Statutes, the execution of this the penalties of perjury that the facts stated herein a tion submitted in a document to the Department of	r. document re true.	
(If ar the d	REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information stitutes a third degree felony a	per or an authorized representative of a member 203 (1) (b), Florida Statutes, the execution of this ne penalties of perjury that the facts stated herein a tion submitted in a document to the Department of its provided for in s.817.155, F.S.)  Sarah J. Bhutta  yped or printed name of signee  Filing Fees: sization and Designation of Registered Agent	r. document re true.	