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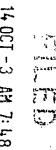




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SECRETARY OF STATE ALLAHASSEE, FLORIDA



## **COVER LETTER**

Division of Corporations
SUBJECT: Sable Palm Enterprises 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:
Zachary H. Hammond Esq.
Name of Person
Firm/Company
6900 SW 44th Street, #212
Address
Mlami, FL., 33155
City/State and Zip Code
zhammondjd@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Zachary H. Hammond at ( 413 ) 478-0855
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 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 AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLESOF ORGANIZ	ZATIONTORTLORIDALI	WITED LIABILITY CON	MEANT	
ARTICLE 1 - Name:				
The name of the Limited Liability Compan	y is:			
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· · · · · · · · · · · · · · · · · · ·	ords "Limited Liability C	ompany "LLC " or "	LLC")	
(Musi chu with the w	ords Emmed Elability C	ompany, E.E.C., or	bbc. )	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the	Limited Liability Comp	pany is:	
Principal Office Address:	Mailing	Address:		
8300 SW 65th Avenue, #g-5	8300 S	8300 SW 65th Avenue, #g-5		
Miami, FL 33143	Miami, F	L 33143		
		<u> </u>		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot se another business entity with an active Florida regi	rve as its own Registered			
The name and the Florida street address of	the registered agent are:			
	Alexander M. Goerss			
	Name			
8300 SW 65th Ave	enue, #g-5			
<del> </del>	ress (P.O. Box NOT acce	eptable)		
Mia	mi FL	33143		
	City	Zip		
Having been named as registered agent ar the place designated in this certificate, capacity. I further agree to comply with to of my duties, and I am familiar with ana Registered	I hereby accept the appoir the provisions of all statute	ntment as registered age es relating to the proper my position as registere 	and agree to act in this and complete performance and agent as provided for in  SECRETARY OF SECRETARY OF SECRETARY OF TAXABLE PROVIDED TO TAXABLE	
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CLE VI: Other provisions, if any.  Palm Enterprises LLC is a manager managed LLC. Alexander M. Goerss is the sole manager of Sable Palm Enterprises LLC.  manager may exercise all powers that Sable Palm Enterprises LLC is authorized to exercise pursuant to s.  10109. Acts performed by the manager are actions performed on behalf of and in the name of Sable Palm  prises LLC.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document onstitutes an affirmation under the penalties of perjury that the facts stated herein are true.  am aware that any false information submitted in a document to the Department of State onstitutes a third degree felony as provided for in s.817.155, F.S.)  Alexander M. Goerss  Typed or printed name of signee	<u>Title:</u>	Name and Address:		
Alexander M. Goerss  B300 SW 65th Avenue, #g-5  Miami, FL 33143  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  COPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  CLE V: Defrective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  CLE VI: Other provisions, if any.  Palm Enterprises LLC is a manager managed LLC. Alexander M. Goerss is the sole manager of Sable Palm Enterprises LLC. nanager may exercise all powers that Sable Palm Enterprises LLC is authorized to exercise pursuant to s. 109. Acts performed by the manager are actions performed on behalf of and in the name of Sable Palm prises LLC.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document nstitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document nstitutes an affirmation under the penalties of perjury that the facts stated herein are true.  In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document nstitutes an affirmation under the penalties of perjury that the facts stated herein are true.  May average of a member of an authorized representative of a member.  Alexander M. Goerss  Typed or printed name of signee  Pees:  Of Fliing Fee for Articles of Organization and Designation  of Registered Agent.	"AMBR" = Authorized Member	<del></del>		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MGR" = Manager			
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(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		8300 SW 65th Avenue, #g-5		
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