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SEUREMAN OF STATE
TALLAHASSEE, FLORIO

A Shifters OCT 2.9 2014.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Savage Enterprizes 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:
Durward SAVAgo
Name of Person'
Firm/Company
111 Shore LANE Address
111 Shore LANE Address HAW Thorne, FL 32640 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ourwood Savage at (852) 220-9294 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Scrificate of Status Stat
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:			
SAVAGE ENTER P (Must end with the words "Lim	: //ze.s	LLC	
(Must end with the words "Lim	ited Liability Co	mpany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of the princip	al office of the L	imited Liability C	ompany is:
Principal Office Address:	Mailing .	Address:	
111 Shave Love	Sa	112	
111 Shave Love How thorne, Fh. 3266			
3266			
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered A		
The name and the Florida street address of the registe			
		0 -	
Dov Wara	ame	ye	
Dur ward No 111 Shore Florida street address (P.O.	LANC		
Florida street address (P.O.	Box <u>NOT</u> accep	table)	
Haw/borne City	<u> FL</u>	32640	
City		Zip	
Having been named as registered agent and to accep	ot service of proc	ess for the above st	ated limited liability company at
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provisi	ccept the appoint	ment as registered relating to the pro	agent and agree to act in this
of my duties, and I am familiar with and accept the			
	Lapter 605, F.S		5 .
Daniel &	ang		TALES
Registered Agent's S	ignature (REQU	IRED)	· 经商品
			ASS
(CONT)	INUED)		
Page	1 of 2		AM 9: 46

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	۰
Mgr-	Durward Savage 111 Share Lone Houthorne, FL 37640
, ,	111 Shave Lane
	HAUTHOUNE, FL 32640
	,
(Use attachment if necessary)	
ective date is listed, the date must l of filing.)	date of filing: <u>28 Oct 2014</u> . (OPTIONAL) se specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the ective date is listed, the date must lof filing.)	
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any.	
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E V: Effective date, if other than the ective date is listed, the date must be filting.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-