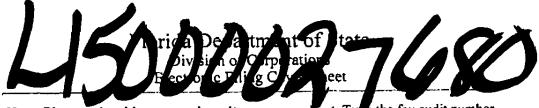
Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092

: (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.

Fax Number

Email Address:

FLORIDA LIMITED LIABILITY CO.

Saber Hallandale, LLC

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FEB'16 2015

J. BRUCE
2/13/2015

COVER LETTER

TO:	Registration Section Division of Corporations		7
SUBJI	BCT: Saber Hallandale, LLC Name of Lis	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Michael Mirrione		A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Name of Person	
	NRAI	Firm/Company	
		runycompany	## T
	1675 Broadway, Suite 1200	Addross	
			TATE
	Denver, CO 80202	City/State and Zip Code	 -
<u>_m</u>	ike.mirrione@wolterskluwer.com B-mail address: (to be use	ed for future annual report notifica	ation)
For fu	ther information concerning this matter, ple	ase call:	
Micha	el Mirrione at (at (at (at (at (lephone Number
Enclos	od is a check for the following amount:		
⊠ \$125,0	0 Filing Fee \$\Bigcup \frac{1}{30.00}\$ 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

FL052N - 02/04/2014 Welters Klewer Coffine

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Company i Saher Hallandale, LLC	is:	•		
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing eddress and street address of the	principal office of the Limited Liability Company is:			
Principal Office Address:	Malling Address:			
20900 NE 30th Avenue, Suite 812 Aventura, FL 33180	80 Business Park Drive, Suite 100 Armonk, NY 10504			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individ a registration.) the registored agent are:	1884年	2015 FEB 13	
1	NRAI Services, Inc.	교고 대 다	PH	f. Elm
	Name	10.1 1.8	$\dot{\omega}$	Elect.
	O South Pine Island Road ss (P.O. Box <u>NOT</u> acceptable)	AIDA AIRA		
Plantatio				
City	y Zip			
the place designated in this certificate, I he capacity. I further agree to comply with the of my duties, and I am familiar with and ac NRAI Services, in By:	to accept service of process for the above stated limited liability tereby accept the appointment as registered agent and agree to be provisions of all statutes relating to the proper and complete paccept the obligations of my position as registered agent as provided in the property of the complete form of the property of the obligations of the property of the pro	act in th performa	nis mee	

(CONTINUED)

Page 1 of 2

Tric: "AMBR" = Amhorized Member	Name and Address
"MGR" - Manager	Section 1
Michael Klinger, AMBR	20900 NB 30th Avenue, Suite 812
	Avenum Pt. 33180
Martin Berger, AMBR	80 Business Park Drive Suite 160
	Armonk, NY 10504
- 	
	
	·
(Use attachment if necessary)	
	of filing: (OPTIONAL) pecific and cannot be more than five budaess days prior to or 90
LE V: Effective data, if other than the dat Tective date is listed, the date must be s	
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