

L15000120204

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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**DATE:**

7/15/15

**NAME:**  
LLC

SOUTH AFRICAN CHARTERED ACCOUNTANTS AND ADVISORS

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*AtHodge*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2015

FLORIDA FILING

SUBJECT: SOUTH AFRICAN CHARTERED ACCOUNTANTS AND ADVISORS  
LLC  
Ref. Number: W15000047446

We have received your document for SOUTH AFRICAN CHARTERED ACCOUNTANTS AND ADVISORS LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 815A00014997



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2015

FLORIDA FILING

SUBJECT: SOUTH AFRICAN CHARTERED ACCOUNTANTS AND ADVISORS  
LLC  
Ref. Number: W15000047446

We have received your document for SOUTH AFRICAN CHARTERED ACCOUNTANTS AND ADVISORS LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

The name of the entity cannot include "CHARTERED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 315A00014818

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: South African Business and Tax Advisors LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

South African Business and Tax Advisors LLC

(Must end with the words "Limited 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:

2804 Gateway Oaks Drive  
Suite #200  
Sacramento, CA 95833

2804 Gateway Oaks Drive  
Suite #200  
Sacramento, CA 95833

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Paracorp Incorporated  
Name

155 Office Plaza Drive, 1st Floor  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301  
City Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

Sharon Stone, Asst Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 JUL 15 AM 7:46  
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DIVISION OF CORPORATIONS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Trevor Solomon Cohen  
c/o Paracorp Inc. 2804 Gateway Oaks Dr., #200  
Sacramento, CA 95833

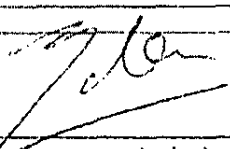
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/a (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

None

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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Trevor Solomon Cohen

\_\_\_\_\_  
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
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