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COVER LETTER

Division of Corporations
SUBJECT: Sara Shack, 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:
Janet Stringer Name of Person
Sara Shack, LLC Firm/Company
2110A Faulk Drive
Tallahassee, FL 32303
Tallahassee, FL 32-303 City/State and Zip Code janeteileen & hotmail. com. mail address to be used for future annual report notification)
For further information concerning this namer, please call:
Jane Stringer at (850) 514-5324 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sara Shack	110
(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	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
2110A Faulk Drive	(Same)
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registered	ed Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	ed Agent. You must designate an individual or
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Having best minued as registered agent and to accept service of process for the above stored visited hability company at the place designated in this verificate. I hereby accept the appointment as registered agent and agrees to accept in the provisions of all statutes relating to the proper and complete performance of Expluties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
0 00 00	
AMOR	Janet Stringer
	Tallahassee, FL 32303
A. a. a.	Tamarias Secret Sossos
AMBR	Jean Ann Blankenship
•	Coloure Ga 298 30
1200 4 0	- CO
MINDR	Jay Dettenbaugh
	Port St. Lucia FL 34953
(Use attachment if necessary)	
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)