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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Sardon Realty, LLC.
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Joseph Jimenez
	Name of Person
	Sardon Realty, LLC.
	Firm/Company
	1105 Brightwaters Blvd. North
	Address
	Saint Petersburg, FL 33704
	City/State and Zip Code jjimenez@edwardsgp.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Joseph Jimenez 860 912-0810
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$ 125.00 1	Siling Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:		
Sardon Realty, LLC. (Must end		l Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the L	imited Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
St. Petersburg, FL 3			1105 Brightwaters Blvd. North St. Petersburg, FL 33704
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered A	d Agent's Signature: Agent. You must designate an individual or
	Joseph Jimenez		
		Name	
	1105 Brightwaters B	lvd. North	
•	Florida street addres		NOT acceptable)
	St. Petersburg	FL	33704
	City	State	Zip
place designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statutes re ligations of my position	ointment as re elating to the as registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Joseph Jimenez
	1105 Brightwaters Blvd. North
	St. Petersburg, FL 33704
AMBR	Angelina Jimenez
	1105 Brightwaters Blvd. North
	St. Petersburg, FL 33704
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be spifiling.) he date inserted in this block does not be ent's effective date on the Department	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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