

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

: {302}575~0875

Phone

Fax Number

: (302)575-1642

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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FLORIDA LIMITED LIABILITY CO. -SAMSARA INVESTMENT-LLC

Certificate of Status Û Certified Copy Page Count 02 Estimated Charge \$125.00

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October 4, 2016

# FLORIDA DEPARTMENT OF STATE Division of Corporations

AGENTS AND CORPORATIONS, INC

SUBJECT: SAMSARA INVESTMENT LLC

REF: W16000068041

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason Regulatory Specialist II FAX Aud. #: H16000245389 Letter Number: 616A00021283 SECRETARIO: 22

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### H16000245389 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

#### SAMSARAH PATRIMOINE 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 Linbility Company is:

Principal Office Address:

Mailing Address

2451 Mc Mullen Booth road, suite 200 Clearwater 33759,FI

Samuel Larribau 22 rue Sarah BERNHARDT 31200 Toulouse, FRANCE

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 Plorida street address of the registered agent are:

## AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)

NAPLES

FL

34012

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited tiability 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 dulies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

Jeanette LaVecchia, Aset. Secretary

(CONTINUED) ge lof2

ARTICLE IV-

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

Title.

"AMBR" = Authorized Member

"MGR" - Manager

MGR

Name and Address:

SAMUEL LARRIBAU 22 ruc Sarah BERNHARDT 31200 Toulouse, FRANCE

**AMBR** 

Francis PEYRONNET FP business provider

2451 Mc Mullen Booth road, suite 200

Clearwater 33759,FI

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

. (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.

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.) SAMUEL LARRIBAU

Typed or printed name of signee

Filing Fccs:

\$125.00 Filing Fee for Articles of Organization and Dosignation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)