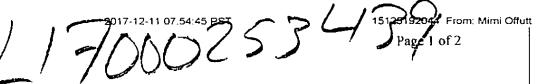


Division of Corporations



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000323773 3)))



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Division of Corporations

Fax Number : (850)617-6381

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Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for future

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FLORIDA LIMITED LIABILITY CO. SAVARI LLC

| Certificate of Status | 0 |
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COVER LETTER

| | egistration Section ivision of Corporations |
|---------------------|---|
| SUBJECT | SAVARI LLC |
| 3000001 | Name of Limited Liability Company |
| The enclos | ed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | rn all correspondence concerning this matter to the following: |
| | Cheyenne Moseley, Legalzoom.com, Inc. |
| | Name of Person |
| | Legalzoom, com, Inc. |
| | Firm/Company |
| • | 101 N. Brand Blvd., 10th Floor |
| | Address |
| | Glendale, CA 91203 |
| | City/State and Zip Code onlinefilings@Legalzoom.com |
| _ | E-mail address: (to be used for fliture annual report notification) |
| For further is | nformation concerning this matter, please call: |
| | Cheyenne Moseley 323 962-8600 ext. 7625 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed is | a check for the following amount: |
| \$ 125.00 Fi | S130.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & 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

| SAVARI LLC | | | | | |
|---|--|---|--|-------|---------------|
| (Mus | t end with the words "Limited | d Liability Company, ' | L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and st | reet address of the principal o | office of the Limited L | iability Company is: | | |
| Ŀ | incipal Office Address: | | Mailing Address: | | |
| 2704 NW 104 | TH AVE. APT. 308 | | | | |
| | | | | | |
| SUNRISE, FL | 33322 | | | | |
| SUNRISE, FL | 33322 | | | | |
| ARTICLE III - Registere | ed Agent, Registered Office, | | | al or | |
| ARTICLE III - Registers (The Limited Liability Con | ed Agent, Registered Office, | Registered Agent. Yo | 's Signature: ou must designate an individu | alor | |
| ARTICLE III - Registers (The Limited Liability Con another business entity wi | rd Agent, Registered Office, npany cannot serve as its own th an active Plorida registration | Registered Agent. Yo on.) | | alor | 1.7 |
| ARTICLE III - Registers (The Limited Liability Con another business entity wi | ed Agent, Registered Office, npany cannot serve as its own th an active Florida registration street address of the registered | n Registered Agent. Yo on.) d agent are: | | al or | 17 DE |
| ARTICLE III - Registers (The Limited Liability Con another business entity wi | rd Agent, Registered Office, npany cannot serve as its own th an active Plorida registration | n Registered Agent. Yoon.) d agent are: ration Agents, Inc. | | al or | 17 DEC |
| ARTICLE III - Registers (The Limited Liability Con another business entity wi | ed Agent, Registered Office, npany cannot serve as its own th an active Florida registration street address of the registered | n Registered Agent. Yo on.) d agent are: | | al or | 17 DEC |
| ARTICLE III - Registers (The Limited Liability Con another business entity wi | ed Agent, Registered Office, npany cannot serve as its own th an active Florida registration street address of the registered | n Registered Agent. Yoon.) d agent are: ration Agents, Inc. Name | | al or | 113 |
| ARTICLE III - Registers (The Limited Liability Con another business entity wi | rd Agent, Registered Office, npany cannot serve as its own than active Florida registration street address of the registered United States Corpo | n Registered Agent. Yoon.) d agent are: ration Agents, Inc. Name | ou must designate an individu | alor | 17 DEC PH |
| ARTICLE III - Registers (The Limited Liability Con another business entity wi | rd Agent, Registered Office, npany cannot serve as its own than active Florida registration street address of the registered United States Corpo | n Registered Agent. Yoon.) d agent are: ration Agents, Inc. Name Court, Suite A | ou must designate an individu | alor | 113 |

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" – Manager | UGENS DECIUS |
| AMBR | 2704 NW 104TH AVE. APT. 308 |
| | SUNRISE, FL 33322 |
| | |
| AMBR | Julienne Talismond |
| | 2704 NW 104TH AVE. APT. 308 |
| | SUNRISE, FL 33322 |
| 11400 | Parasa Panatus |
| AMBR | Franco Exantus 2704 NW 104TH AVE. APT. 308 |
| | SUNRISE, FL 33322 . |
| | SOUTHINGS, I D 22222 |
| AMBR | Louis L Dorvil |
| | 2704 NW 104TH AVE. APT. 308 |
| | |
| E V: Effective date, if other than the cutive date is listed, the date must be filling.) | date of filing: |
| ective date is listed, the date must be of filing.) | date of filing: |
| E V: Effective date, if other than the certive date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm | date of filing: |
| E V: Effective date, if other than the certive date is listed, the date must be of filing.) the date inserted in this block does a ment's effective date on the Departm E VI: Other provisions, if any. REQUIRED SIGNATURE: | late of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or so ot meet the applicable statutory filing requirements, this date will need of State's records. |
| E V: Effective date, if other than the certive date is listed, the date must be of filling.) The date inserted in this block does a ment's effective date on the Departm E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex 1 am aware that any if | date of filing: |
| E V: Effective date, if other than the certive date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departm E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is ex 1 am aware that any if constitutes a third de | date of filing: |

Page 2 of 2

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

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

H17000323773 3

Attachment to

Articles of Organization for SAVARI LLC

Additional members of the Limited Liability Company are:

Name of Member

<u>Address</u>

Wendy John

2704 NW 104TH AVE. APT. 308, SUNRISE, FL 33322

Daniel Jeanty

2704 NW 104TH AVE. APT. 308, SUNRISE, FL 33322

Marlaine P Felix

2704 NW 104TH AVE. APT. 308, SUNRISE, FL 33322

