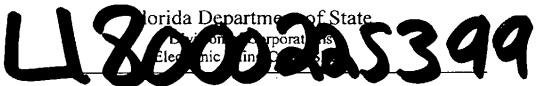
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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : 120130000024 Phone : (215)299-2162 : (215)299-2150 Fax Number

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

longcreekfarms@gmail.com Email Addross:

FLORIDA LIMITED LIABILITY CO.

The Sapphire Room, LLC

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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SAPPHIRE ROOM, LLC

(Must contain 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:

15150 GOLDEN POINT LANE WELLINGTON, FLORIDA 33414 15150 GOLDEN POINT LANE WELLINGTON, FLORIDA 33414

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:

MICHAEL K. MITCHELL

Name

15150 GOLDEN POINT LANE

Florida street address (P.O. Box NOT acceptable)

WELLINGTON,

FLORIDA

33414

Zip

Ciry

State

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.

Registered Agent's Signature (REQUIRED)
MICHAEL K. MITCHELL

(CONTINUED)

H18000278146 3

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	PONA MACCUEDINO CARA
MGR	RONA MASCHERINO GARM
	15150 GOLDEN POINT LANE WELLINGTON, FLORIDA 33414
	WELEJROTON, PEORIDA 33414
MGR	MIECHELLE UTSEY KNOTTS
	15150 GOLDEN POINT LANE
	WELLINGTON, FLORIDA 33414
<u> </u>	
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EV: Effective date, if other than the ctive date is listed, the date must b filling.)	e specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
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