Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000312195 3)))

H180003121953ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

F#91T	Address:	

FLORIDA LIMITED LIABILITY CO. SACORP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Help

3052201440

Pg 2/3

ARTICLES OF ORGANIZATION FOR FLORIDA ULMITED LIABILITY COMPANY

ARTICLE ! - Name:

SACORP, LLC

ARTICLE II - Addrass:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Malling Address:

5950 SW 74TH ST APT 307

5950 SW 74TH ST APT 307

MIAMI, FL. 33143

MIAMI, FL 33143

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:

MARCIO R MATIAS

. Name

5950 SW 74™ ST APT 307

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

MIAMI

EL

33143

City

State

Zip

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 ceptificate)! hereby occupt the appointment as registered agent and agree to act in this capacity. I further agree to camply 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 political arregistered agent as provide for in chapter 605, F.S.

legistered Agent's Signature (REQUIRED)

(QONTINUED)

Page 1 of 2

10/29/18 08:15AM PDT '3055727043' -> 3052201440

Pg 3/3

ARTICLE IM -

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

Tiele:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

<u>AMBR</u>

MARCIO R MATIAS

5950 SW 74TH ST APT 307

MIAMI, FL. 33143

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 505.0203 (1) (b), Florida Statutes. 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.

8 OCT 29 PM 10: