

(FAX)845 818 3588

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To: Division of Corporations Fax Number : (850)617-6381 1020 HAR -From: T Account Name : VCORP SERVICES, LLC urmer: Account Number ; I2008000067 ن<del>سم</del>ي د Phone : (845)425-0077 σ Fax Number : (845)818-3588 PK <u>d c (</u> ਨਾ \*\*Enter the email address for this business entity to be used for future 20 annual report mailings. Enter only one email address please.\*\* 🦛 Email Address:\_\_\_\_

# FLORIDA LIMITED LIABILITY CO.

## Savannah Equities LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

Savannah Equities LLC

(Must conatin 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:	<u>Malling Address</u> :
633 Iroquois St	633 Iroquois St
Oradell NJ 07649	Oradell NJ 07649

## 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:

Vcorp Services, LL	.C	
	Name	
5011 South State R	oad 7, Suite 106	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	ceptable)
Davie	FL	33314
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 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.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)



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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Boysie Siew
	633 Iroquois St
	Oradell NJ 07649
<u></u>	
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