Division of Corporations

Florida Department of State Division of Coporations Flectronic Film Cover Shot

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.

(((H210002186273)))



H210002186273A9C\$

ote: DO	NOT hit the REFRESH/RELOAD button on your browser from the Doing so will generate another cover sheet.	nis page. 21
To:	Division of Corporations Fax Number : (850)617-6381	JUN-2 P
From:	Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 120000000146 Phone : (305)444-4994	20 P. P. 25

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

; (305)444-4977

Email Address:		

FLORIDA LIMITED LIABILITY CO. SARCAST INVESTMENT & CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Co

Fax Number

Corporate Filing Menu

Help \$3-

10

¥: 53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

À	บา	r t	f '1	L E	f _	Nα	me:
А	ж.			1 1 1 1		1	mile.

The name of the Limited Liability Company is:

SARCAST INVESTMENT & CONSULTING 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:	Stanne Adaress:
5201 ELEUTHRA CIRCLE	SAME
VERO BEACH FLORIDA 32967	

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:

BEN FINANCIAL SERVICE INC

Name

10500 NW 26 STREET STE A101

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

DORAL	FLORIDA		32967
	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. In 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)

(CONTINUED)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (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.

Typed or printed name of signee

Flling Fees:

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)