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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. $^{\Gamma}_{r}$

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

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

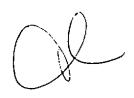
Email Address:_____

FLORIDA LIMITED LIABILITY CO. SAGA VENTURES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Saga Ventures 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:

17001 Collins Avenue	17001 Collins Avenue
Apt 3001	Apt 3001
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

155 Office Plaza Drive, 1st Fl.

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

TALLAHASSEE	FL	32301
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..

Zeina Hassoun

Registered Agent's Signature (REQUIRED)

Asst. Secretary, Zeina Hassoun (CONTINUED)

2021 OCT | 4 PM 4:

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Maria Gallasso		
	17001 Collins Avenue, Apt 3001 Sunny Isles Beach, FL 33160		
			
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(Use attachment if necessary)		ÿ	2021 OCT
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