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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

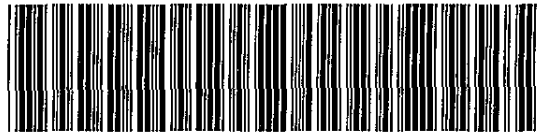
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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sands Pointe Ocean Beach 1505, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector J. Diaz de Villegas
(Name of Person)

Sands Pointe Ocean Beach 1505, LLC
(Firm/Company)

2623 Yarmouth Drive
(Address)

Wellington, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Hector J. Diaz de Villegas at (561) 432-1822

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I- Name:

The name of the Limited Liability Company is:

Sands Pointe Ocean Beach 1505, LLC

ARTICLE II- Address:

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

Principal Office Address:

2623 Yarmouth Drive
Wellington, FL 33414

Mailing Address:

2623 Yarmouth Drive
Wellington, FL 33414

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's
Signature:**

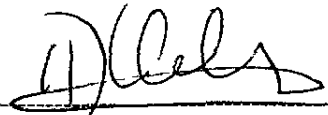
The name and the Florida street address of the registered agent are:

Hector J. Diaz de Villegas
Name

2623 Yarmouth Drive
Florida street address (P.O. Box NOT acceptable)

Wellington, FL 33414
City, State, and 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 608, Florida Statutes.


X _____
Registered Agent's Signature


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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Hector J. Díaz de Villegas

REQUIRED SIGNATURE:

X 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Hector J. Diaz de Villegas
Type or printed name of signee

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

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