

W4000053859

Florida Department of State
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MJH

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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LIMITED LIABILITY COMPANY

SANDJEL, L.L.C.

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

DIVISION OF CORPORATION

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 20, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: SANDJEL, L.L.C.
REF: W04000027663

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H04000148624
Letter Number: 804A00045824

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

SANDJEL, L.L.C.

ARTICLE II-ADDRESS:

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

**100 ALMERIA AVENUE, SUITE 230
CORAL GABLES, FL 33134**

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

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

RAFAEL A. ESPINOSA

Name

100 ALMERIA AVENUE, SUITE 230

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

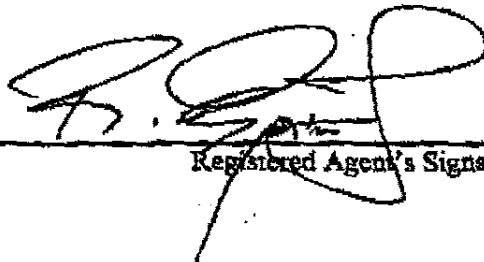
CORAL GABLES, FL 33134

City, State, and Zip

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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, F.S.




Registered Agent's Signature

ARTICLE IV-Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



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.)

WILLIAM F. JELKE

Typed or printed name of signee

ARTICLE V - Managing Members

Thomas B. Jelke
2403 South Miami Avenue
Miami, FL 33129

William F. Jelke
12665 SW 97th Court
Miami, FL 33176

David M. Sandri
P.O. Box 660499
Miami Springs, FL 33266-0499