

W4000053859

Florida Department of State  
Division of Corporations  
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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

04 JUL 20 PM 1:03

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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

04 JUL 20 PM 3:30

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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**

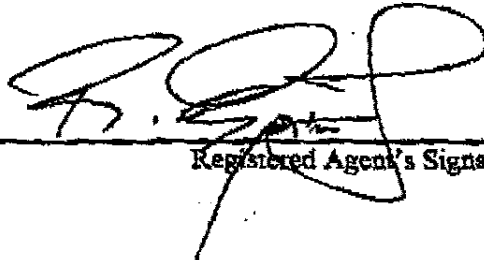
City, State, and Zip

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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 97<sup>th</sup> Court  
Miami, FL 33176

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