Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the flax audit number (shown below) on the top and bottom of all pages of the document,

(((11040001036543)))

MJH S

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GERALD WEINBERG, P.C.

Account Number : T20030000043

Phona Fax Number : (800)342-9856 : (800) 354-3381

LIMITED LIABILITY COMPANY

SAND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing.

Public Access Help.

https://efile.sunbiz.org/scripts/efileovr.exe

FAX NO. 18003543381 P. 01/03

5/12/04 WAY-12-04 WED 10:17 AM CEBYTD MEINBERG BC

(H040000103654 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SAND, LLC	70	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability (Company i
incipal Office Address: Mailing Address:		
139 SE 115TH AVENUE	372 HUNGRY HARMOR HOAD	j
OKLAWAHA, FL 32179	WOODMERE, NY 11581	
	egistered Office, & Registered Agent's Signal	
ARTICLE III ~ Registered Agent, Ro The name and the Florida street address SURENDRA	s of the registered agent are:	
The name and the Florida street address	s of the registered agent are:	
The name and the Florida street address	S of the registered agent are: LALL Name	
The name and the Florida street address SURENDRA 139 SE 115TII	S of the registered agent are: LALL Name	

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 60% Florida Statutes...

Tage Lof 2 (CONTINUED)

(H040000103654 3)

(H040000103654 3)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" Managing Member	
MGRM	SURENDRA LALL
	139 SE 115TH AVENUE
	OKLAWAHA, FL 32179
	7 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
· artir dashrab	
	ه المسابق المهادرة الاستخداد المسابق المهادات المسابقة ال
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
NOTE: An additional article mus	st be added if an effective date is requested.
	at be added if an effective date is requested.
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	foll
REQUIRED SIGNATURE: Signature of a member or	an pathorized representative of a member.
REQUIRED SIGNATURE: Signatur of a inember or (In accordance with section	an pathorized representative of a member, 1 608.408(3), Florida Statutes, the exception 5 an affirmation under the penalties of perjury

rage 2 of 2

(H040000103654 3)