

L030000002293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

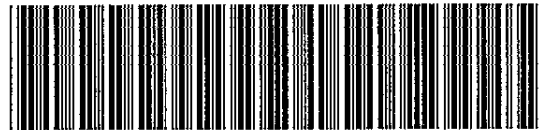
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TALLAHASSEE, FLORIDA

BPL

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

385-6735

(Phone #)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SANDERSON TRUSTMENTS, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
GANDOLPH INVESTMENTS, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned as organizer and only member of a limited liability company, under the Florida Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company:

ARTICLE I
NAME

The name of the limited liability company shall be **GANDOLPH INVESTMENTS, LLC**.

ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the principal office of this limited liability company is **1502 Covered Bridge Road, DeLand, FL 32724**, and the mailing address shall be the same. This limited liability company shall have the power and authority to establish branch offices at any other place or places as the members may designate.

ARTICLE III
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is **1502 Covered Bridge Road, DeLand, FL 32724**, and the name of the company's initial registered agent at that address is **JEFFREY C. METCALFE**.

ARTICLE IV
MEMBERS AND MANAGEMENT

The management of the company is reserved to the members of the company, in proportion to their contribution to the capital of the limited liability company. The power to adopt, alter, amend or repeal the regulations of this limited liability company shall be vested in the members of the company.

The names and addresses of the members of the company are:

Jeffrey C. Metcalfe
1502 Covered Bridge Road
DeLand, FL 32724

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TALLAHASSEE, FLORIDA

ARTICLE V
DURATION

The period of duration for this limited liability company shall be perpetual from the date of filing of the Articles of Organization with the State of Florida.

IN WITNESS WHEREOF, the undersigned organizers have executed these Articles of Organization of **GANDOLPH INVESTMENTS, LLC.**, a limited liability company, this 16th day of January, 2003.

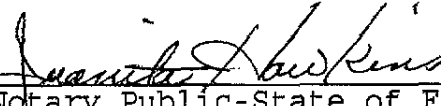

Jeffrey C. Metcalfe

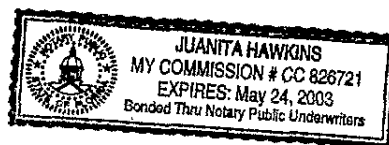
STATE OF FLORIDA.

COUNTY OF Summit

The foregoing instrument was acknowledged before me by **JEFFREY C. METCALFE**, ☒ personally known to me, or ☐ who provided a Florida Driver License as identification, this 16th day of January, 2003.

(Affix notarial seal)


Notary Public-State of Florida
Print Name: _____



STATEMENT DESIGNATING REGISTERED AGENT AND OFFICE

STATE OF FLORIDA
COUNTY OF Sanford

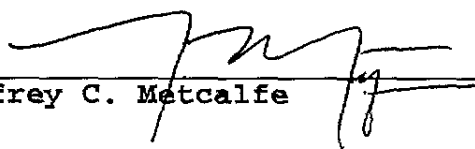
Pursuant to the provisions of Section 608.415 of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida.

1. The name of the limited liability company is **GANDOLPH INVESTMENTS, LLC.**

2. The name of the registered agent for **GANDOLPH INVESTMENTS, LLC.**, is **JEFFREY C. METCALFE**, and the street address of the company's principal office where the agent is located is 1502 Covered Bridge Road, DeLand, FL 32724.

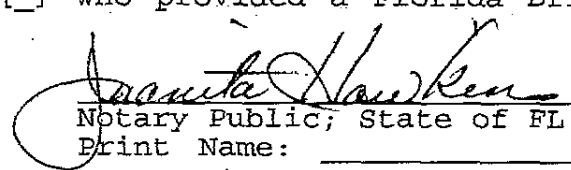
3. This statement is to acknowledge that, as indicated above, **GANDOLPH INVESTMENTS, LLC.**, has appointed me, **JEFFREY C. METCALFE**, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered agent 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.

Dated this 16th day of January, 2003.


Jeffrey C. Metcalfe

The foregoing instrument was acknowledged before me this 16th day of January, 2003, by **JEFFREY C. METCALFE**, agent on behalf of **GANDOLPH INVESTMENTS, LLC.**, a limited liability company. ☒ who is personally known to me or ☐ who provided a Florida Driver License as identification.

(Affix Notary Seal)


Notary Public; State of FL
Print Name: _____

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