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DIVISION OF CORPORATIONS
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5p

Tedd T. Wilson
62 San Roy Road
Seagrove Beach, FL 32459
(850) 534-1061

August 11, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Please find the documentation to register Gulf Sand Properties, LLC. If you have questions regarding the paperwork, I can be reached at:

Tedd T. Wilson
62 San Roy Road
Seagrove Beach, FL 32459
(850) 534-1061

Thank you,


Tedd T. Wilson

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF SAND Properties
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Tedd T Wilson
(Name of Person)

GULF SAND Properties, LLC
(Firm/Company)

62 SAN ROY Rd
(Address)

Seagrove Beach FL 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

Tedd T Wilson at (850) 534-1061
(Name of Person) (Area Code & Daytime Telephone Number)

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:

Gulf Sand Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

62 SAN ROY Rd
Seagrove Beach FL
32459

Mailing Address:

Same

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

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

Tedd T Wilson
Name

62 San Roy Rd
Florida street address (P.O. Box NOT acceptable)
Seagrove Beach FL 32459
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, F.S..

Tedd T Wilson
Registered Agent's Signature

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(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Tedd T. Wilson
62 San Roy Rd
Seagrove Bch FL 32459

MGR

LISA Giordano
10520 Osprey Nest Dr W
Jacksonville FL 32257

MGRM

MARY R Wilson
62 San Roy Rd
Seagrove Bch FL 32459

MGRM

Frank Giordano, JR
10520 Osprey Nest Dr W
Jacksonville FL 32257

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Tedd T. Wilson

Typed 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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