

LO3000046738

(Requestor's Name)

(Address)



Sandpiper Concepts  
Po Box 2295, New Smyrna Beach, FL 32170

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

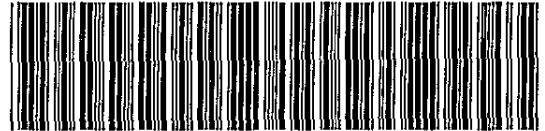
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03 NOV 18 AM 9:59  
STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SANDPIPER CONCEPTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1624 N. PENINSULA AVE.

NEW SMYRNA BEACH

FL 32169

**Mailing Address:**

P.O. BOX 2295

NEW SMYRNA BEACH

FL 32170-2295

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

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

BARRY J. SCHULTZ

Name

1624 NORTH PENINSULA AVE.

Florida street address (P.O. Box **NOT** acceptable)

NEW SMYRNA BEACH FLORIDA 32169

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, Florida Statutes..*

Barry J. Schultz

Registered Agent's Signature

**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

BARRY F. SCHULTZ  
1624 N. PENINSULA AVE.  
NEW SMYRNA BEACH, FL 32169

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Barry F. Schultz

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.)

BARRY F. SCHULTZ

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)**