

L04000039185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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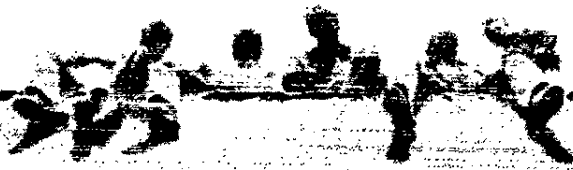


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 17 AM 8:31

sandstone



7403 Hicklen hollow drive
Orlando, FL 32822
407-230-2522
www.sandstoneband.com

May 15th, 2004

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 245-6051

Dear Registration Department,

Enclosed in this letter are the registration papers for Sandstone, LLC. and the check for the required filing fees. Please let us know if there is anything else you may need to complete the registration of Sandstone, LLC. Our only request is a response with the estimated time for Sandstone, LLC to be filed and completed. We would like to open a bank account as soon as possible, but unfortunately the bank requires a FEI number. Thank you for response.

You can reach me at my telephone number 321-663-6979, contact me by email at contact@sandstoneband.com, or through the website of www.sandstoneband.com.

Respectfully,

Scott Stenzel
Sandstone

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDSTONE, LLC.
(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:

SCOTT STENZEL
(Name of Person)

(Firm/Company)

7403 HIDDEN HOLLOW DRIVE
(Address)

ORLANDO, FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

TONY ISENHOUR at (407) 230-2522
(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:

SANDSTONE, LLC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7022 IRONWOOD DRIVE

7022 IRONWOOD DRIVE

ORLANDO, FL 32818

ORLANDO, FL 32818

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

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

TONY ISENHOUR

Name

7022 IRONWOOD DRIVE

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

ORLANDO

FLORIDA

32818

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, Florida Statutes..



Registered Agent's Signature

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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:

MGRM

SCOTT STENZEL
7403 HIDDEN HOLLOW DR.
ORLANDO, FL 32820

MGRM

SHAWN LAWSON
4247 BOMBER ROAD
GARLAND, FL 33830

MGRM

SCOTT JORDAN
2986 JOSEPH CIRCLE
ORLANDO, FL 32765

MGRM

JOHN GLICKMAN
7022 IRONWOOD DRIVE
ORLANDO, FL 32818

(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.)

SCOTT STENZEL

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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