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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

	ation Section n of Corporations		
SUBJECT:	Sandpoint Enterpri (Name of	ses L.L.C. f Limited Liability Company)	
The enclosed Ar	ticles of Organization and fee(s)	are submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
	Joseph L.McKnight (Name of Person)		
	Sandpoint Enterpri (Firm/Company)	ses	
	6512 Ridge Court (Address)		
	Titusville, F1.3278 (City/State and Zip Cod	8.Q e)	
For further infor	mation concerning this matter, p	lease call:	
	Joseph L.McKnight (Name of Person)	at (321) 269-4 (Area Code & Daytime Te	
Enclosed is a check for	the following amount:		
□ \$125.00 Filing Fee	2 \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng a en water	Annnecc.

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 32514

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Sandpoint Enterprises L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6512 Ridge Court 6512 Ridge Court Titusville,F1.32780 Titusville,F1.32780
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
Joseph L. McKnight Name 651.2 Ridge Court Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
<u>TitusvilleFL 32780</u> 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
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:			
"MGR" = Manage "MGRM" = Mana				
"MODA"		Togonh I Wallyicht		
"MGRM"		Joseph L.McKnight		
,		6512 Ridge Court		
• •		Titusville,F1,32780		
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	A AMERICAN CO.			
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(Use attachment if	necessary)			
NOTE: Amadair	ianal autiala must ha s	added if an effective date is requested.		
MOLE. An audit	ional al ticle must de l	idded if an effective date is requested.		
REQUIRED SIG	NATURE:			
		1.0 m of = 00		
	Signature of a member o	L L MKELL r 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.)			
	and the them succe fields	and a doct		
	Jos Typed	eph L. McKnight of 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)