104-000082882

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(Address)	
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TRANSMITTAL LETTER

TO: Registration So Division of Co		
SUBJECT:	SANDY BEACH INVESTMENTS, LLC	
	(Name of Limited Liability Company)	
The enclosed Articles o	of Organization and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
FARIN C	G. BOYLE	
	(Name of Person)	
	(Firm/Company)	
19250 SW	30 STREET	
	(Address)	
MIRA	AMAR, FLORIDA 33029	
	(City/State and Zip Code)	
For further information	a concerning this matter, please call:	
FARIN G. BOYLE	at (954) 257-0763 The of Person) (Area Code & Daytime Telephone Number)	1
(Name	L1	- YEST
Enclosed is a check for	for the following amount:	
☑ \$125.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

. 1

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability (Company is:	
SANDY BEACH INVESTMENTS, LLC		
ARTICLE II - Address:	·	
The mailing address and street add	ress of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
19250 SW 30th Street	19250 SW 30th Street	
Miramar, Florida 33029-5817	Miramar, Florida 33029-5817	-
	Control of the contro	<u></u>
ARTICLE III - Registered Agent	t, Registered Office, & Registered Agent's Signatu	
		. 무
The name and the Florida street add	dress of the registered agent are:	P NOV
Farin G. Boyle	اً برسته - ساله - ساله	
	Name	_ ف
•	THE SECOND SECON	~ = M
19250 SW 30th	Street	
Fl	lorida street address (P.O. Box <u>NQT</u> acceptable)	AMILIO OS
Miramar,	FL 33029-5817	S
	City, State, and Zip	9 m

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..

(CONTINUED)

Page 1 of 2

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	Sandra P. Hemingway	
	19250 SW 30th Street	_
	Miramar, Florida 33029-5817	- -
		 -
MGR	Farin G. Boyle	_
	19250 SW 30th Street	_
	Miramar, Florida 33029-5817	_
(Use attachment if necessary)	ALC: LC: AH	OF HOM
NOTE: An additional article must be	e added if an effective date is requested. $\overline{\sim}$	_ ف
REQUIRED SIGNATURE:	SEE FLUM	04 HOV -9 AM 11: 03
Signature of a member of	or an authorized representative of a member.	3
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	
Fari	n G. Boyle	
Tune	d or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)