W4000088449

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	-
(Cit	ty/State/Zip/Phone	- #N
(0)	.,, -w.c.,	~ _y
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
•	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	-	
12/1	Fl	
		Ì
		1

Office Use Only



500042741435

12/01/04--01008--010 **125.00

Marti

04 DEC -1 FH 5: 22

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sandestin Bungalo Acquisition, LLC (Name of Limited	l Liability Compan		
(•	
The enclosed Articles of Organization and fee(s) are su	ibmitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
David J. Hierholzer			
(1)	lame of Person)		
Second Wind, LLC	irm/Company)		
P.O. Box 16358			
	(Address)		
Golden, CO 80402			
(City/	State and Zip Code)		
For further information concerning this matter, please	call:		
David J. Hierholzer (Name of Person)		718-4412	lephone Number)
(Name of Leison)	(riica code (z sayımıc re	opnone (valueer)
Enclosed is a check for the following amount:			
■ \$125.00 Filing Fee	\$155.00 Fili Certified Copy (additional copy is	_	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations	Re	IAILING AI egistration So ivision of Co	ection

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Comp	pany is:			
Sandestin Bungalo Acquisition, LLC				
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Lial	bility Con	npany	is:
Principal Office Address:	Mailing Address:			
726 Mourning Dove Lane	P.O. Box 16358			
Golden, CO 80401	Golden, CO 80402			
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's	Signature	:	
The name and the Florida street address	of the registered agent are:			
J. Clifford Curley				
— -	Name			
1262 Lake Willisara C				
Florida	street address (P.O. Box NOT acceptable)			
Orlando, FL 32806	y, State, and Zip			
		•	,,,,	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the a ated in this certificate, I hereby accept the capacity. I further agree to comply with i aplete performance of my duties, and I am as registered agent as provided for in Ch	appointm the provisi familiar w	ent as ons of rith an	fall
	for the Agent's Signature	ALLAINAGE	04 DEC J	Marketon (A
(Cc	ONTINUED)	<u> </u>	PH 5:	
F	Page 1 of 2	NON NON	: 22	

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager MGK	David J. Hierholzer P.O. Box 16358 Golden, CO 80401
(Use attachment if necessary)	
NOTE: An additional article must b	oe added if an effective date is requested.
REQUIRED SIGNATURE:	
\supset	-17/
Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constitution that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
David J. Hierholzer	
Тур	ed 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)