

W05000009151

FILED

2005 JAN 14 P 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700044033367

01/14/05--01039--020 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL I

Office Use Only

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2005 JAN 14 P 3:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 9950 Sandalfoot, 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:

Arniel Crescenzo
(Name of Person)

9950 Sandalfoot, Llc.
(Firm/Company)

9950 Sandalfoot blvd.
(Address)

Boca Raton, Florida 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

Arniel Crescenzo at (561) 852 8448
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

2005 JAN 14 P 3:37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

9950 Sandalfoot, 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:

9950 Sandalfoot Blvd
Boca Raton, Florida 33428

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

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

Amiel S. Crescenzo

Name

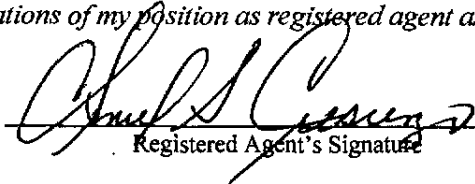
9950 Sandalfoot Blvd.

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

Boca Raton, FL 33428

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:

FILED

2005 JAN 14 P 3: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Arniel S. Crescenzo

3760 n 54 ave.

Hollywood, Florida 33021

MGRM

Karen Crescenzo

3760 n 54 ave

Hollywood, Florida 33021

MGRM

John Scerbo

7056 nw 67 terrace

Parkland, Florida 33067

MGRM

Donna Scerbo

Donna Scerbo

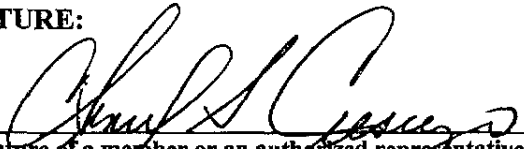
7056 nw 67 terrace

Parkland, Florida 33067

(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.)

Arniel S. Crescenzo

Typed 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)