

LS000023746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

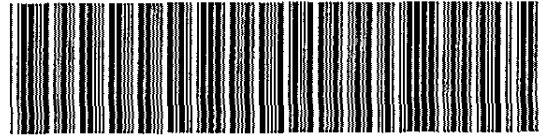
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[Signature]

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SANDY BEACH PROPERTIES, 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:

GILBERT J. EFFRON  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

501 OLD MILL POND ROAD  
(Address)

PALM HARBOR, FL 34683  
(City/State and Zip Code)

For further information concerning this matter, please call:

GILBERT J. EFFRON at 727, 934-3449  
(Name of Person) (Area Code & Daytime Telephone Number)  
OR 727-946-3846

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SANDY BEACH PROPERTIES, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

501 OLD MILL POND RD  
PALM HARBOR, FL 34683

#### Mailing Address:

501 OLD MILL POND RD.  
PALM HARBOR, FL 34683

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

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

GILBERT J. EFFRON

Name

501 OLD MILL POND RD.

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

PALM HARBOR FL 34683

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)

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TALLAHASSEE, FLORIDA

**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

GILBERT J. EFFRON, TRUSTEE  
THE GILBERT J. EFFRON REVOCABLE  
LIVING TRUST DATED 9-24-98  
501 OLD MILL POND RD.  
PALM HARBOR, FL 34683

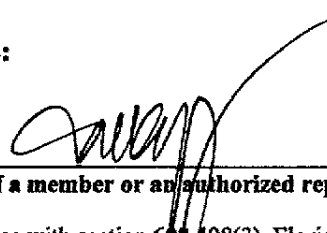
MGRM

SANDRA BLOCK-EFFRON, TRUSTEE  
THE SANDRA BLOCK-EFFRON REVOCABLE  
LIVING TRUST DATED 9-24-98  
501 OLD MILL POND RD.  
PALM HARBOR, FL 34683

(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 607.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GILBERT J. EFFRON, TRUSTEE

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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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