

L050000 24757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

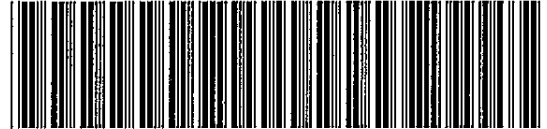
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 254012 107982A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED  
05 MAR 11 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 11, 2005

ORDER TIME : 3:18 PM

ORDER NO. : 254012-005

CUSTOMER NO: 107982A

CUSTOMER: Ms. Gilda Oldham  
Elk Bankier Christu & Bakst  
Llp  
Suite 200e, 4800 N Federal Hwy  
Sanctuary Centre  
Boca Raton, FL 33431

DOMESTIC FILING

NAME: SANDS FAMILY LIMITED  
LIABLITY COMPANY

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
of  
**SANDS FAMILY LIMITED LIABILITY COMPANY**

**FILED**  
03 MAR 11 AM 7:32  
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TALLAHASSEE, FLORIDA

**ARTICLE I**  
**NAME**

The name of the limited liability company shall be SANDS FAMILY LIMITED LIABILITY COMPANY.

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company shall be 160 E. 38<sup>TH</sup> Street, Apt. 19A, New York, New York 10016.

**ARTICLE III**  
**REGISTERED AGENT, REGISTERED OFFICE**  
**& REGISTERED AGENT'S SIGNATURE**

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

CORPORATION SERVICE COMPANY  
1201 Hayes Street  
Tallahassee, Florida 32301

*Having been named as registered agent to accept service of process for the above stated limited partnership 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.*

Corporation Service Company

By: Deborah D. Skipper

Registered Agent's Signature

Print Name and Title: Deborah D. Skipper  
Asst. V. Pres.

**ARTICLE IV  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

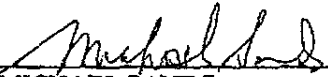
**ARTICLE V  
MANAGEMENT**

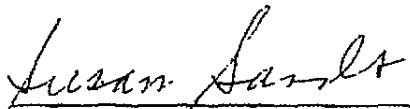
The Limited Liability Company is to be managed by one or more members and is therefore, a member-managed company. The name and address of each Managing-Member is as follows:

Michael Sands  
160 E. 38<sup>TH</sup> Street, Apt. 19A  
New York, New York 10016

Susan Sands  
160 E. 38<sup>TH</sup> Street, Apt. 19A  
New York, New York 10016

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.

  
\_\_\_\_\_  
MICHAEL SANDS  
Managing Member

  
\_\_\_\_\_  
SUSAN SANDS  
Managing Member