

W5000046189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

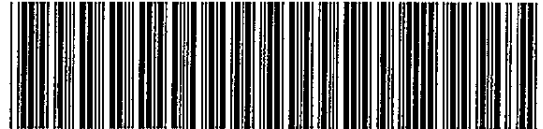
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May 3, 2005

**VIA FEDERAL EXPRESS**

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

Re: SAND, LLC

Dear Gentle Persons,

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel N. Klewans  
Grad, Logan & Klewans, P.C.  
1421 Prince Street, Suite 320  
Alexandria, Virginia 22314

For further information concerning this matter, please call Michael Skerritt at (703) 535-5383.

Enclosed is a check for \$155.00, representing the filing fee and the fee for a certified copy, along with an additional copy of the Articles of Organization.

Registration Section  
Division of Corporations  
May 3, 2005  
Page 2

Very truly yours,

GRAD, LOGAN & KLEWANS, P.C.



SAMUEL N. KLEWANS

SNK/mws

*Enclosures*

cc: Barbara J. Fried, Esq.  
Patricia T. Ojeda

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SAND, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6551 Loisdale Court, Suite 900  
Springfield, Virginia 22150

**Mailing Address:**

6551 Loisdale Court, Suite 900  
Springfield, Virginia 22150

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

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

CT Corporation System

Name

1200 S. Pine Island Road

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

Plantation, FL 33324

FL

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

Judith B. Argao  
Asst. Secretary & V. President

(CONTINUED)

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FILED

**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:**

MANAGER

B. Mark Fried

5924 Fried Farm Road

Crozet, Virginia 22932

MANAGER

Barbara J. Fried

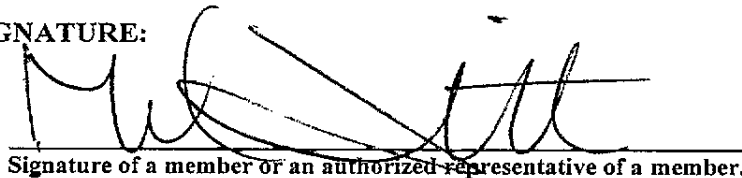
5924 Fried Farm Road

Crozet, Virginia 22932

(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.)

Michael Skeritt, Organizer

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)**